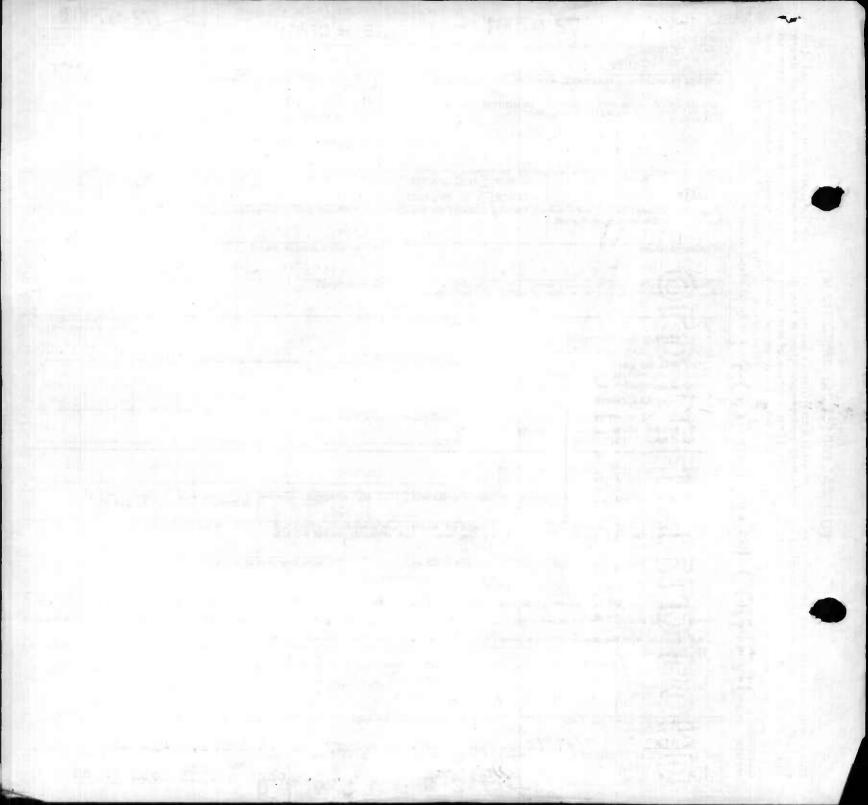
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death, shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

T=- 11/1	2		BALTIMORE CITY	HEALTH DEPARTMENT		72 0700世
6-241	72	07001	CERTIFICA	TE OF DEATH	REG. NO.	TE OR MARYLANDEDHMH
BIRTH NO.	FASED		OEKTII TO/		ND HOUR OF DEATH	
(Type or Print)	EUGENE	ELCHE	DECCE			
2 M A Cr IN BAL				4. USUAL RESIDENCE (WH	1 24,1972	
3. PLACE IN BAL	TIMORE MARYLAND, Y	VHERE PRONOU	NCED DEAD	A. STATE B. COU	NTY	institution; residence before dumission;
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	TION, GIVE STREET	MARYCAPUD		1182
HOSPITAL OR	ADDRESS OR LOC	ATION)		C. CITY OR TOWN	D. IN:	SIDE CITY LIMITS?
MARYLA	NO GENERAL	HOSE),	BALTIMORE		YES NO
	LINDEN AVO			E. STREET AND NUMBER		
TO BART	(MORE, MD.	2120	1	900 CATHED	PAC ST.	
S. SEX	6. RACE	7- MARRIED	NEVER MARRIED	& DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months! Days Hours Min.
MATE	WHITE	WIDOWED	DIVORCED	SEPT. 7. 1914	lost birthdoy)	Months Days Hours Min.
OA USUAL OCC	UPATION (Give kind of wor			11. BIRTHPLACE (State of for	reign country)	112 CITIZEN OF WHAT COUNTRY?
ione during most of	working life, even if refired)					
HIROPRAC				BALTO., M		U. S. 4).
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN N	AME	
EUGEN	ET. EICH	IEL BERG	SE	MILDRED	ROSENTHA	_
5. Was Decoused	Ever in U. S. Armed Fo.	rces?	1 & SOCIAL	17. INFORMANT (SISTER		ADDRESS
	(Il yes, give war or det		SECURITY NO.		/	2513 MICHAEL LAN
YES	219143 - 911	F1 45	216-07-2844	MRS. VALERIE	WEIGHTSO	
18. 7 8	8 6		CAUSE OF DEAT	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DI	RECTLY				
13-11	LEADING TO DEATH		ANNAMEDIATE CAL	SE Fence of Uni	Parry Ort	gin about 3 days
This does	nat mean the mode of	dying, e.g.,	DUE TO, OR AS	A CONSEQUENCE OF:		
heart failure,	asthenia, etc. It means	the disease,				
			the time			
	ANTECEDENT CAUSES	3	(8)			
	OR CONDITIONS, IF		DUE TO, OR AS	A CONSEQUENCE OF:		
	e above cause (A) G CONDITION last	stoling the	(c)			
			(0)			
Z OTUES CICANI	III	ALITOIDIITING			,	
TO THE DEAT	FICANT CONDITIONS CO THE BUT NOT RELATED TO 1	THE TERMINAL				
DISEASE OR C	ONDITION GIVEN IN PA	RT 1 (A).	VALCH OPERATION	120A. ATTOPSYT (Yes of)	Noll 20B. IF YES, WERE	FINDINGS CONSIDERED
OTHER SIGNII TO THE DEAT DISEASE OR CO	WAS PE	FORMED	THICH OFERATION	YES	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDE	NT WAS HADERIVING	218	BLACE OF INTHEY (e.g.	n or obout 21C. WHERE DID	Of In Rollins	ore City, give exact location)
OR CONTRIB	NT WAS UNDERLYING	home	e, form, factory, street, of	Fice bldg. INJURY OCCUR?	ti in pointe	ore City, give exoct location;
DEATH (notify	medical examined	etc.)				
210. TIME	(Month) (Doy) (Year)	(Hous 21E	INJURY OCCURRED	21F. HOW DID IN	HURY OCCUR?	
2 01 11100		Whi	le At Not While		1-1	
(APPROX.)		Wor	k L At Work			
22. I certify	that (1) (this hospita	l) attended th	e deceased from	luly 22	19 72 to U	ULY 24 1972
	last sow the deceas			10 72 and	that In(my) (aux) or	pinian death accurred an the date
						orman death decorred on the date
		ited above. (I) (We) (dld) (did=not) v	iew the body after death	10	
23A. SIGNATI	JRE	4	10			23B. DATE SIGNED
	marie	5	100	nding Med.	Stuff Phys.	JULY 24, 1972
23C. PHYSICIA	AN'S	1	DEGREE	22D ADDRESS		
NAME (Type DAYMUND) T. MA	MILADI MID	HV427VA	34 1	
	Ich (1) coch De	(110	OEGREE	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(. 12.
24A. BURIAL CRI	MATION, 248. DATE	24C. NA	ME of CEMETERY of CR	EMATORY 24D.	LOCATION (City, town, or county) (State)
ten a		172 000	on Mount O.	m of order	7 44 me Mr	anvland
Buria		72 Gre	en Mount Ce	25C. FUNERAL DIRECT	Itimore, Ma	ADDRESS ADDRESS
1111 017	4090					
JUL 41	19/2 / Dray	Myssin	ALL THE	Wm. E. Joh	nson 8521	Loch Raven
VS 150-REV. 1/1.	/68	11 .		0 3 7 7	Ü	



BIRTH N 1. NAM	1400		BALTIMORE CITY			TO GINDOM
	10.	72 070	CERTIFICA	TE OF DEATH	REG. NO	OF MARYLAND DHIM
	Print)	mma Kahl		2. DATE AI	7/22/72	11:30 P
3. PL A (MARYLAND, WHERE P	PONOLINCED DEAD	14. USUAL RESIDENCE (Whe	ere deceased lived. If in	astitution; residence before admiss
	IAME OF (IF I		INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN	NTY	IDE CITY LIMITS?
0	Haven	Nursing Home	9	Baltimore		YES 🗷 NO 🗌
7		Penhurst		E. STREET AND NUMBER 3939 Penhurst		
5. SEX	6. RACE	7. MAI	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24
Fema	ale Wh	2+-	OWED DIVORCED	6/13/86	lost birthdoy)	Months Doys Hours Min
			ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUN
14.50	ing most of working life	e, even if retired)		Maryland		USA
	HER'S NAME			14. MOTHER'S MAIDEN NA		
He	enry Kahl	(late)		Mary Kahl	(late)	
		J. S. Armed Forces? give wor or dotes of se	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS 212
			215-09-5227	C. Edward Hoer	richs 1815	Frederick Avenue
D1S	is does not mean and failure, osthenia ury or complication ANTECEI	couse (A) sloling	giving DUE TO, OR AS	A CONSEQUENCE OF	Erlinos. Flace	hrosi
CAL CERTIFICATION 1810 OL 1810	THE DEATH BUT NO EASE OR CONDITIO DATE OF OPERAT ACCIDENT WAS CONTRIBUTING ATH (notify medical	WAS PERFORMED UNDERLYING CAUSE OF exomine?	FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., hame, form, foctory, street, oetc.)	ffice bldg., INJURY OCCUR?	(If in 8oltimo	
MEDICAL CERTIFICATION 10 OL STORY OF THE CATION OF THE CAT	THE DEATH BUT NO EASE OR CONDITION DATE OF OPERAT CONTRIBUTING THE CONTRIBUTING THE CONTRIBUTING (Month) INJURY	OT RELATED TO THE TERM N GIVEN IN PART 1 (A). ION 198. CONDITION WAS PERFORMED UNDERLYING CAUSE OF	FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, oetc.) 21E. INJURY OCCURRED	in or obout 21C. WHERE DID INJURY OCCUR?	(If in 8oltimo	USES OF DEATH?
MEDICAL CERTIFICATION 10 OL STORY OF THE CATION OF THE CAT	THE DEATH BUT NO LEASE OR CONDITION DATE OF OPERAT CONTRIBUTING ATH (notify medical partial). TIME (Month)	DI RELATED TO THE TERM GIVEN IN PART 1 (A). ION 198. CONDITION WAS PERFORMED UNDERLYING CAUSE OF exomine!)	FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., hame, form, foctory, street, oetc.)	in or about 21C, WHERE DID in Street bidg, INJURY OCCUR?	(If in 8oltimo	USES OF DEATH?
MEDICAL CERTIFICATION OF STATE	THE DEATH BUT NO EASE OR CONDITION DATE OF OPERAT CONTRIBUTING THE CONTRIBUTING MONTH (Month) INJURY PROX.)	OT RELATED TO THE TERM N GIVEN IN PART 1 (A). ION 198 CONDITION WAS PERFORMED UNDERLYING CAUSE OF exomine! (Doy) (Year) (Hour	21B. PLACE OF INJURY (e.g., hame, form, foctory, street, o etc.) 21E. INJURY OCCURRED While At Not Whi	in or about 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in 8oltimo	USES OF DEATH?
WEDICAL CERTIFICATION 10 10 10 10 10 10 10 10 10 10 10 10 10	THE DEATH BUT NO EASE OR CONDITIO . DATE OF OPERAT . ACCIDENT WAS CONTRIBUTING ATH (notify medical D. TIME (Month) INJURY PROX.) I certify that (I)	OT RELATED TO THE TERM GIVEN IN PART 1 (A). ION 198. CONDITION WAS PERFORMED UNDERLYING CAUSE OF exominer) (Day) (Year) (Hour	21B. PLACE OF INJURY (e.g., home, form, foctory, street, oetc.) 21E. INJURY OCCURRED While At	in or about 21C. WHERE DID ffice bldg., INJURY OCCUR?	URY OCCUR?	re City, give exact location)
WEDICAL CERTIFICATIC ALCOHOLOGICAL CARACTERICATIC ALCOHOLOGICATIC ALC	THE DEATH BUT NO EASE OR CONDITION DATE OF OPERAT CONTRIBUTING THE CONTRIBUTING THE CONTRIBUTING (Month) INJURY PROX.) I certify that (I) t (I) (we) last say	OT RELATED TO THE TERM GIVEN IN PART 1 (A). ION 198 CONDITION WAS PERFORMED UNDERLYING CAUSE OF exominer) (Doy) (Year) (Hour) (this haspital) attention the deceased alive	21B. PLACE OF INJURY (e.g., home, form, foctory, street, oetc.) 21E. INJURY OCCURRED While At Not White At Work ded the deceased fram e an 7 - 7 - 7	in or obout 21C. WHERE DID ffice bldg, INJURY OCCUR? 21F. HOW DID IN. le 19 20nd tl	JURY OCCUR?	re City, give exact location)
WEDICAL CERTIFICATIC ALCOHOLOGICAL CERTIFICATIC ALCOHOLOGICAL CERTIFICATIC ALCOHOLOGICAL CONTROL CONTR	THE DEATH BUT NO EASE OR CONDITION. DATE OF OPERAT A. ACCIDENT WAS CONTRIBUTING THE (Month) INJURY PROX.) I certify that (I) t (I) (we) last say I have and from the ease of the ease o	OT RELATED TO THE TERM GIVEN IN PART 1 (A). ION 198 CONDITION WAS PERFORMED UNDERLYING CAUSE OF exominer) (Doy) (Year) (Hour) (this haspital) attention the deceased alive	21B. PLACE OF INJURY (e.g., home, form, foctory, street, oetc.) 21E. INJURY OCCURRED While At	in or obout 21C. WHERE DID ffice bldg, INJURY OCCUR? 21F. HOW DID IN. le 19 20nd tl	JURY OCCUR?	re City, give exact location) 19 19 19 19 19 19 19 19 19 19 19 19 19 1
WEDICAL CERTIFICATIC ALCOHOLOGICAL CERTIFICATIC ALCOHOLOGICAL CERTIFICATIC ALCOHOLOGICAL CONTROL CONTR	THE DEATH BUT NO EASE OR CONDITION DATE OF OPERAT CONTRIBUTING THE CONTRIBUTING THE CONTRIBUTING (Month) INJURY PROX.) I certify that (I) t (I) (we) last say	OT RELATED TO THE TERM GIVEN IN PART 1 (A). ION 198 CONDITION WAS PERFORMED UNDERLYING CAUSE OF exominer) (Doy) (Year) (Hour) (this haspital) attention the deceased alive	TOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, oetc.) 21E. INJURY OCCURRED While At Not White At Work ded the deceased fram e an Total (did nat) Not White At Work At Work At Work	in ar about 21C. WHERE DID iffice bidg, INJURY OCCUR? 21F. HOW DID IN. 19 2 and the sending Med.	JURY OCCUR?	re City, give exact location)
WEDICAL CERTIFICATIC	THE DEATH BUT NO EASE OR CONDITION. DATE OF OPERAT A. ACCIDENT WAS CONTRIBUTING THE (Month) INJURY PROX.) I certify that (I) t (I) (we) last say I have and from the ease of the ease o	OT RELATED TO THE TERM GIVEN IN PART 1 (A). ION 198 CONDITION WAS PERFORMED UNDERLYING CAUSE OF exominer) (Doy) (Year) (Hour) (this haspital) attention the deceased alive	21B. PLACE OF INJURY (e.g., home, form, foctory, street, oetc.) 21E. INJURY OCCURRED While At Not White At Work ded the deceased fram e an 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	in ar about 21C. WHERE DID iffice bidg, INJURY OCCUR? 21F. HOW DID IN. 19 2 and the sending Med.	URY OCCUR?	re City, give exact location) 19 19 1
WEDICAL CERTIFICATIC	THE DEATH BUT NO EASE OR CONDITION DATE OF OPERAT CONTRIBUTING THE CONTRIBUTION THE CONTRIB	OT RELATED TO THE TERM GIVEN IN PART 1 (A). ION 198 CONDITION WAS PERFORMED UNDERLYING CAUSE OF exominer) (Doy) (Year) (Hour) (this haspital) attention the deceased alive	TOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, oetc.) 21E. INJURY OCCURRED While At Not White At Work ded the deceased fram e an Total (did nat) Not White At Work At Work At Work	in or about 21C. WHERE DID siffice bidg, INJURY OCCUR? 21F. HOW DID IN. 19	URY OCCUR?	re City, give exact location) 19 19 1
TO T	THE DEATH BUT NO EASE OR CONDITION DATE OF OPERAT CONTRIBUTING THE CONTRIBUTION THE CONTRIB	OT RELATED TO THE TERM OTHER TO	FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, of etc.) 21E. INJURY OCCURRED While At Not White At Work ded the deceased fram e an Not White At Work ded the deceased fram e an Not White At Work At Work At Work DEGREE	21F. HOW DID IN. 21F. HOW DID IN. 19	IN CERTIFYING CA (If in 8oltimo) JURY OCCUR? 19 January hat in (my) (aur) api Shaff Phys. Hgts. Ave.	re City, give exact location) 19 1
TO T	THE DEATH BUT NO EASE OR CONDITION DATE OF OPERAT CONDITION DATE OF OPERAT CONTRIBUTING THE CONTRIBUTING CONT	OT RELATED TO THE TERM OF THE THE TERM OF THE TERM OF THE TERM OF THE THE TERM OF THE	TOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., hame, form, foctory, street, of etc.) 21E. INJURY OCCURRED While At Not White At Work ded the deceased fram Eve. (I) (We) (did nat) DEGREE Att. DEGREE LOUGON PARK	21F. HOW DID IN. 21F. HOW DID IN. 19 2 and the view the bady after death. 23D. ADDRESS 4509 Liberty EMATORY 24D. I	IN CERTIFYING CA (If in 8oltimo) JURY OCCUR? 19 January hat in (my) (aur) api Shaff Phys. Hgts. Ave.	nian death accurred an the
TO T	THE DEATH BUT NO EASE OR CONDITION DATE OF OPERAT CONDITION DATE OF OPERAT CONTRIBUTING THE CONTRIBUTING CONT	OF RELATED TO THE TERM OF STEEL ATED TO THE	FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, o etc.) 21E. INJURY OCCURRED While At Not While At Work ded the deceased fram e an Not While At Work DEGREE Athere	21F. HOW DID IN. 21F. HOW DID IN. 19 2 and the property of t	IN CERTIFYING CA (If in 8oltimos JURY OCCUR? 19 / Joan hat in (my) (aur) api Shaff Phys. Hgts. Ave. LOCATION (Co.) Litimore, Ma.	ity, town, or county) (Storyland ADDRESS

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Editor I

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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

(1) 030	BALTIMORE CITY	HEALTH DEPARTMENT	72	07003
W-200	CERTIFICA	TE OF DEATH	REG. NO.	MARYLAND-DHMH
BIRTH NO. A 1405			STATE OF	- Ittilities
(Type or Print) WISE, BABY GIF	SE IIVII	JU	LY 23, 197	2 11:05A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (When		titution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITU	TION, GIVE STREET	MARYLAND	ANNE ARUN	DEL 21061
ST_AGNES HOSPI		GLEN BURNIE		YES NO NO
40 ST. AGNES HUSPI	Ibr	E. STREET AND NUMBER		
		7863 BALTIMO	RE ANNAPOL	
S. SEX 6. RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
FEMALE CAUCASIAN WIDOWED		07 23 72		32
done during most of working life, even if retired)	BOSINESS OK INDOSIKI		(gn country)	12. CITIZEN OF WHAT COUNTRY?
A PARLED AND A PAR		MARYLAND		U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	WE	
WILLIAM S. WISE		CAROL ROME		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.		RDS OF	ADDRESS
		ST AGNES HOS	PITAL WILK	
18.769.41	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Paranti		
(This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAL	SE Prematu A CONSEQUENCE OF:	w.g.	
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)				
ANTECEDENT CAUSES	(a)			
DISEASES OR CONDITIONS, il ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the obove couse (A) stoting the UNDERLYING CONDITION tost.	(c)			***************************************
_ II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
DISEASE OR CONDITION GIVEN IN PART 1 (A).	HICH OPERATION	20A. AUTOPSY? (Yes or No	20 B. IF YES. WERE FI	INDINGS CONSIDERED
198. CONDITION FOR W	THE STERNING	NO	IN CERTIFYING CAU	SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 218.	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If In Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF CAU		ffice bldg., INJURY OCCUR?		
O 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E.	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
	e At Not While			
22. I certify that (N (this haspital) attended th			197.2 to 1111.	V 22 19 72
that 💢 (we) last saw the deceased alive an	JULY 23	19_72and th	at in (my) (aur) apin	ian death accurred an the date
and haur and from the causes stated above. (1)	(We) (did) (XXXX+) +	iew the bady after death.	N.	
23A. SIGNATURE				23B. DATE SIGNED
aurana Bichanans	My Atte	ending Med. Director	Staff Phys.	7/23/72
23C. PHYSICIAN'S NAME (Type)			_TO.,MD. 2	
ARVORANCE BICHAIRONARONG	SONGGRAM M.D.	ST. AGNES HOS	SPITAL-CATO	ON & WILKENS AVES
24A. BURIAL CREMATION, 24B. DATE 24C.NA REMOVAL (Specify)	ME of CEMETERY OF CRI	EMATORY 24D. L	OCATION (City	y, town, or county) (Stote)
	n Haven Cemet	ery Gle	en Burnie, M	aryland
25A. DATE REC'D BY HEALTH DEPT 25B. NAME O	FREGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
JOT WE TAIL WORK TON	Carried D	Witzke, 1639	Edmondson A	venue 21228
VS 150-REV. 1/1/6B				

ALEST MEN SELL W. W. - Land Company of the Market of the Company of the Market of the Company of the Market of the Company of PART LES CERRITA EN LA CRISTA DE LA CARRESTA DEL CARRESTA DEL CARRESTA DE LA CARRESTA DEL CARRESTA DEL CARRESTA DE LA CARRESTA The street of the state of the THE STATE OF THE PERSON OF THE

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

(4)	BALTIMORE CITY	HEALTH DEPARTMENT		72 07004	
W-200 72 070	CERTIFICA	TE OF DEATH	REG. NO		
I. NAME OF DECEASED			NO HOUR OF DEATH	OF MARYLAND-DHMH	
(Type or Print) WISE, BABY	BOY "B"		23, 1972	9:30P. _M	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY			
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET		NE ARUNDEI		
HOSPITAL OR ADDRESS OF LOCATION) INSTITUTION ST AGNES HOSPITA	L	GLEN BURNIE	D. INS	YES NO K	
WILKENS & CATON		E. STREET AND NUMBER		YES NO NO	
BALTIMORE, MARYL	AND	7863 BALTO, ANNAPOLIS BLVD.			
5. SEX 6. RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Manths: Days Haurs Min.	
MALE WHITE WIDO	WED DIVORCED	07 23 72	NB	10 35	
IOA. USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY		eign cauntry)	12. CITIZEN OF WHAT COUNTRY	
NONE		MARYLAND		U.S.A.	
13. FATHER'S NAME	0.5	14. MOTHER'S MAIDEN NA			
WILLIAM S. WI	SE	CAROL ROMEC	N		
TS. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give war or dates of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
		ST AGNES REC	ORDS WILK	ENS & CATON AVES	
18. 769. 4	CAUSE OF DEAT	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY		SE Premate	7//		
(This does not mean the mode of dying,	(A) IMMEDIATE CAL	SE A CONSEQUENCE OF:	m y		
hearl failure, osthenio, etc. It means the disc injury or complication which coused death.)		A CONSEGUENCE OF:			
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, if ony, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:		000000000000000000000000000000000000000	
rise to the above cause (A) stoling UNDERLYING CONDITION lost.	1he				
11	(C)				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTI					
TO THE DEATH BUT NOT RELATED TO THE TERMI			V 005 AP		
19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(If in Boltimo	re City, give exact location)	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, farm, factory, street, at	fice bidg., INJURY OCCUR?			
21D.TIME (Manth) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
S OF INJURY	While At Nat While	• 🗆			
22. I certify that () (this hospital) attend	Work At Work	LI V 22	19 72 to JU	LY 23, 19 72	
that (X) (we) lost saw the deceased alive		- 1			
ond hour and from the couses stated above	1			inion deorn occurred on the dore	
22A SIGNATURE		lew the body offer deoth.		23B, DATE SIGNED	
F-EREYO	DUN AHE	nding Med.	Staff Phys.	7-23-72	
23C. PHYSICIAN'S	V . C	23D. ADDRESS	rnys. Lag		
DEHKHAREGHANI, FERE	YDOUN M.D.	WILKENS & CA	TON AVE. E	BALTO. MD. 21229	
	C. NAME of CEMETERY OF CR			ity, town, or county) (State)	
	Glen Haven Cemet	erv	en Burnie, M	aryland	
	ME OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS	
0.00	water			Avenue 21228	
VS 150-REV, 1/1/6B	I this	3 0 0 1			

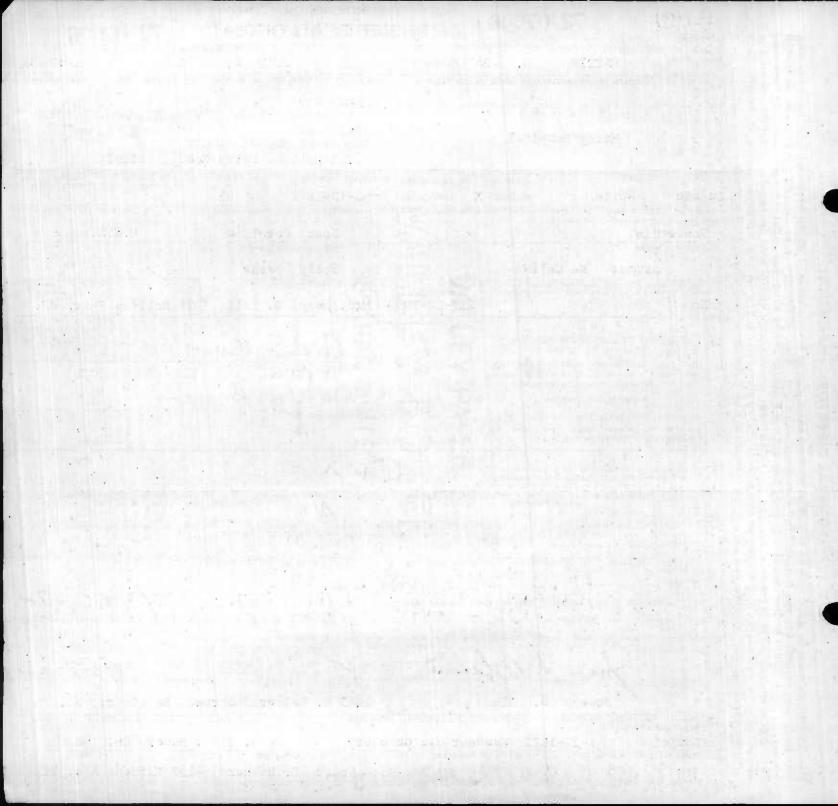
MO. HE MINE ARONDEL 1 T 19 30H 2 High 70 17 17 WIS WOULD enviolation i dansarie CHESTREM, EXPERIENCE TREE BALTO, ANNAPPLED PLM. 38 BI 植物花花 美国外的 经收约 经 医内侧性 Treatment corner mails - Steel C dies busning & critique Sisteman annimisa (ta) anathr

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

K-6/3 72 07005 BALTIMORE CITY HEALTH DEPAR	TMENT TO COME TO
BIRTH NO. CERTIFICATE OF DE	ATH REG. NO. STATE OF MARYLAND-DHMH
1. NAME OF DECEASED FLORIDA KRAFT	DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDE	BNCE (Where deceased lived If institution; residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	2854
BON SECOURS HOSP. BALTI	D. INSIDE CITY LIMITS? YES VES NO
E. STREET AND I	(
5. SEX 6. RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH	The state of the s
WHITE WIDOWED DIVORCED 12-24-9	89 last birthdoy Months Day's Hours Min,
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (S) done during most of working life, even if relired) HOUSEWORK Marrier	
13. FATHER'S NAME 14. MOTHER'S M.	
Cooree Adam Vmo.ft	M. Kayser
15. Was Deceased Ever in U. S. Armed Forces? (Yes, na ar unknown) (If yes, give wor ar dotes at service) 16. SOCIAL SECURITY NO.	ADDRESS
	en B. Sagman, Falls & Pimlico Rd.
DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH CONGESTIVE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH (A) IMMEDIATE CAUSE [7]	TLUPE HOURS
heort foilure, asthenia, etc. It meens the disease, injury or complication which caused death.)	f:
ANTECEDENT CAUSES (8) ASCVI	YEARS
DISEASES OR CONDITIONS, if ony, giving nise to the above couse (A) stoling the	OF:
UNDERLYING CONDITION lost. (C)	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING PLOSASL ACUTE	MYOCARDIAL HOURA
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 2004. AUTOPSY?	WEARCTION
WAS PERFORMED	IVes or No. 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHE home, larm, factory, street, affice bldg., INJURY O	RE DID (if in Boltimare City, give exoci location)
21D. TIME IMonthi IDayl IYear) (Haur) 21E. INJURY OCCURRED 21F. HOW	DID INJURY OCCUR?
Work At Work	
22. I certify that (I) (this hospital) attended the deceased from	19 72 to 7-24 - 19 72
and hour and from the causes stated obave. (I) (We) (did) (dld not) view the body ofte	and that in(my) (our) opinion death occurred on the date
23A. SIGNATURE	23 B. DATE SIGNED
Oscar = Fernanden Mil Attending Med.	
23C. PHYSICIAN'S NAME IType) OSCAR E. FERNANDINI MID. BON	SECOURS HOSP.
24A. BURIAL CREMATION, 24B. DATE 24G. NAME OF CREMATORY REMOVAL (Specify)	24D. LOCATION ICity, town, or equity) (State)
Burial 7-27-1972 Loudon Park Cemetery	Baltimore, Maryland
25A. DATE REC'D BY HEALTH GEV. 25B. NAM OF RESISTRAL 25C. FUNERAL	
Vs 150-Rev. 1/1/68	Hybbard, 4107 Wilkens Ave. 21229

1018/57 - Adm.

	AME OF DEC	MATTIE	J. B	AILES	JULY	24, 1972	10:
3. P	LACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (Where of A. STATE B. COUNTY	deceased lived. If in	stitution: residence before
FUL	L NAME OF	(IF NOT IN HOSPITADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	Maryland c. City or town	lo me	× 5
INS	TITUTION				Baltimore	D. INSI	YES X NO
	3"	Mercy Hosp	picai		E. STREET AND NUMBER 3021 Hollins Fe	erry Road	21230
5. S	ex nale	6. RACE White	7- MARRIED [NEVER MARRIED		AGE (In years st birthday) 91	If Under 1 Yr. If Und Months Doys Hours
					11. BIRTHPLACE (State or foreign		12. CITIZEN OF WHAT
I	Housewi				South Caroli		U.S.A.
13. [ATHER'S NA	ME			14. MOTHER'S MAIDEN NAME		
		rthur Mc Col			Polly Banks	3	
15. \ (Yes	Nas Deceased no of unknown	Ever in U. S. Armed For (If yes, give wor or date	cos? es of service)	SECURITY NO.	17. INFORMANT		ADDRESS
1	No			217-54-1290	Mrs. Mabel D. Hi	111, 3021 H	
		SE OR CONDITION DIE		CAUSE OF DEAT	ISE Cardiac l	arear	BETWEEN ONSET
		nal mean the made of asthenia, etc. It means			A CONSEQUENCE OF:		2
	injury or cor	nplication which caused	death,)	X	CU.	Dues	- ,
	injury or cor	nplication which caused ANTECEDENT CAUSES	death,)	(8) DUE TO, OR AS	A CONSEQUENCE OF:	Duen.	,
	DISEASES (rise to the	nplication which caused	death,) any, giving		A CONSEQUENCE OF:	Dies.	. ,
TION	DISEASES (rise In In UN DERLYIN) OTHER SIGNII TO THE DEA	nplication which caused ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION last. II FICANT CONDITIONS CO TH BUT NOT RELATED TO TI	death,) any, giving stating the NTRIBUTING HE TERMINAL	(c)		Duscas	?
RTIFICATION	DISEASES (rise Ia Ih UNDERLYIN) OTHER SIGNII TO THE DEA' DISEASE OR C	nplication which caused ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION last.	any, giving slaling the NTRIBUTING HE TERMINAL IT (A).	(c)	20A. AUTOPSY? (Yes or No)	20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
AL CERTIFIC	DISEASES (rise Ia Ih UNDERLYIN) OTHER SIGNII TO THE DEA' DISEASE OR C 19A. DATE OF COR CONTRIBUTED OR CONTRIBUT	ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION last. II FICANT CONDITIONS CO TH BUT NOT RELATED TO TI CONDITION GIVEN IN PAR	any, giving slating the NTRIBUTING HE TERMINAL IT I (A). IDITION FOR V	VHICH OPERATION PLACE OF INJURY (e.g., i e, form, factory, street, of	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CAL CERTIFIC	DISEASES (rise Ia Ih UNDERLYIN) OTHER SIGNII TO THE DEA' DISEASE OR C 19A. DATE OF COR CONTRIBUTED OR CONTRIBUT	ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION last. FICANT CONDITIONS CO TH BUT NOT RELATED TO TI CONDITION 1978. CON WAS PERI	any, giving slating like NTRIBUTING HE TERMINAL IT I (A). IDITION FOR V FORMED 218. hom etc.) (Hour) 21E.	VHICH OPERATION PLACE OF INJURY (e.g., i e, form, factory, street, of injury occurred)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimor	USES OF DEATH?
DICAL CERTIFIC	DISEASES (1 ise Ia Ih UNDERLYIN OTHER SIGNII TO THE DEA' DISEASE OR (2 19 A. DATE OF CONTRIBUTED OR CONTRIBUTE	ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION last. FICANT CONDITIONS CO TH BUT NOT RELATED TO TI CONDITION GIVEN IN PAR F OPERATION 1988. CON WAS PERI NT WAS UNDERLYING UTING CAUSE OF	any, giving slating like NTRIBUTING HE TERMINAL IT I (A). IDITION FOR V FORMED 218. hom etc.) (Hour) 21E.	VHICH OPERATION PLACE OF INJURY (e.g., i e, form, factory, street, of INJURY OCCURRED INJURY OCCURRED IN Not While	20A. AUTOPSY? (Yes or No) n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJUR	(If in Boltimor	USES OF DEATH?
MEDICAL CERTIFIC	DISEASES (rise la lh UNDERLYIN OTHER SIGNII TO THE DEA' DISEASE OR CO19A. DATE OF CONTRIBUTION OF CONTRIBUTION OF INJURY (APPROX.)	ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION last. FICANT CONDITIONS CO TH BUT NOT RELATED TO TI CONDITION GIVEN IN PAR F OPERATION 1988. CON WAS PERI NT WAS UNDERLYING UTING CAUSE OF	any, giving slaling lhe NTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR V FORMED 218, hom etc.) (Hour) 21E, Whi War	VHICH OPERATION PLACE OF INJURY (e.g., i e, form, factory, street, of injury occurred le At Not While k late work and work are deceased from	20A. AUTOPSY? (Yes or No) n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJUR	(If in Boltimor	USES OF DEATH?
MEDICAL CERTIFIC	DISEASES (rise la lh UNDERLYIN OTHER SIGNII TO THE DEA CONTRIBUTION TO THE DEA CONTRIBUTION TO THE CONTRI	ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION last. FICANT CONDITIONS CO TH BUT NOT RELATED TO TI CONDITION GIVEN IN PAR FOPERATION 19B. CON WAS PERI NT WAS UNDERLYING UTING CAUSE OF medical examiner)	any, giving slating like NTRIBUTING HE TERMINAL IT I (A). IDITION FOR V FORMED 218. hom etc.) (Hour) 21E. Whi Wor	VHICH OPERATION PLACE OF INJURY (e.g., i e, form, factory, street, of injury occurred le At Not White At Work	20A. AUTOPSY? (Yes or No) n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJUR	(If in Boltimor	USES OF DEATH? THE CITY, give exoct locotion)
MEDICAL CERTIFIC	DISEASES (rise Ia Ih UNDERLYIN OTHER SIGNII TO THE DEAD DISEASE OR COMPANY OF THE DEAT DISEASE OR COMPANY (APPROX.) 21A. ACCIDE OF INJURY (APPROX.) 22. I certify that (I) (we) and hour an	ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION last. FICANT CONDITIONS CO TH BUT NOT RELATED TO TI ONDITION GIVEN IN PARE FOR OPERATION 1988. CON WAS PERI ON TWAS UNDERLYING UTING CAUSE OF medical examines That (I) (this hospital lost saw the deceose d from the couses store	any, giving slaling the Stating the Statin	VHICH OPERATION PLACE OF INJURY (e.g., i e, form, factory, street, of the le A1 Work A1 Work and deceased from	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimor	USES OF DEATH? THE City, give exoct locotion) The city of the exoct locotion of the ex
MEDICAL CERTIFIC	DISEASES (rise Ia Ih UNDERLYIN OTHER SIGNII TO THE DEAD DISEASE OR C 19A. DATE OF CONTRIBUTE OF INJURY (APPROX.) 22. 1 certify that (I) (we)	ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION last. FICANT CONDITIONS CO TH BUT NOT RELATED TO TI ONDITION GIVEN IN PARE FOR OPERATION 1988. CON WAS PERI ON TWAS UNDERLYING UTING CAUSE OF medical examines That (I) (this hospital lost saw the deceose d from the couses store	any, giving slaling the Stating the Statin	VHICH OPERATION PLACE OF INJURY (e.g., i e., form, factory, street, of the last of the la	n or about 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJUR 19 19 19 and that riew the body after death.	(If in Boltimor	USES OF DEATH? THE CITY, give exoct locotion)
MEDICAL CERTIFIC	DISEASES (rise la lh UNDERLYIN OTHER SIGNII TO THE DEA' DISEASE OR CO 19A. DATE OF 21A. ACCIDE OR CONTRIBI DEATH (notif) 21D. TIME OF INJURY (APPROX.) 22. 1 certify that (I) (we) and hour an 23A. SIGNATU	ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION last. FICANT CONDITIONS CO TH BUT NOT RELATED TO TI CONDITION GIVEN IN PAR TOPERATION 19B. CON WAS PERI NT WAS UNDERLYING UTING CAUSE OF medical examiner) (Month) (Day) (Year) That (I) (this hospital lost saw the deceose d from the couses store JRE	any, giving slaling the Stating the Statin	VHICH OPERATION PLACE OF INJURY (e.g., i e, form, factory, street, of INJURY OCCURRED INJURY OCCURRED IN Not While At Work The deceased from	20A. AUTOPSY? (Yes or No) n or obout 21C. WHERE DID ffice bldg, INJURY OCCUR? 21F. HOW DID INJUR 21F. HOW determined that the price of the price	(If in Boltimor	USES OF DEATH? THE City, give exoct locotion) The city of the exoct locotion of the ex
MEDICAL CERTIFIC	DISEASES (rise Ia Ih UNDERLYIN OTHER SIGNII TO THE DEAD DISEASE OR COMPANY OF THE DEAT DISEASE OR COMPANY (APPROX.) 21A. ACCIDE OF INJURY (APPROX.) 22. I certify that (I) (we) and hour an	ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION last. FICANT CONDITIONS CO TH BUT NOT RELATED TO TI CONDITION GIVEN IN PAR FOPERATION 19B. CON WAS PERI NT WAS UNDERLYING UTING CAUSE OF medical examiner) (Month) (Day) (Year) That (I) (this hospital lost saw the deceose d from the causes story JRE	any, giving slating the NTRIBUTING HE TERMINAL IT I (A). (Hour) 21E, Whi Wor of the dolive on	VHICH OPERATION PLACE OF INJURY (e.g., i e, form, factory, street, of the control of the contro	20A. AUTOPSY? (Yes or No) n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJUR 21F. HOW determined that the street of the price of the pri	(If in Boltimor	re City, give exoct locotion) 1 inion deoth occurred or 23B, DATE SIGNED
MEDICAL CERTIFIC	DISEASES (rise la lh UNDERLYIN OTHER SIGNII TO THE DEA' DISEASE OR CO 19A. DATE OF 21A. ACCIDE OR CONTRIBI DEATH (notif) 21D. TIME OF INJURY (APPROX.) 22. 1 certify that (I) (we) and hour an 23A. SIGNATU	ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION last. FICANT CONDITIONS CO TH BUT NOT RELATED TO TI CONDITION GIVEN IN PAR FOPERATION 198. CON WAS PERI NT WAS UNDERLYING UTING CAUSE OF medical examiner) (Month) (Day) (Year) That (I) (this hospital lost saw the deceose d from the couses story JRE JOS eph MATION, 1248. DATE	any, giving stating the statin	VHICH OPERATION PLACE OF INJURY (e.g., i e, form, factory, street, of the control of the contro	20A. AUTOPSY? (Yes or No) n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJUR 21F. HOW DID INJUR and that riew the body after deoth. Med. Sh Director Ph 23D. ADDRESS 1115 N. Calvert	(If in Boltimor TY OCCUR? In (my) (our) opi off. Street, I	re City, give exoct locotion) 1 inion deoth occurred or 23B, DATE SIGNED
MEDICAL CERTIFIC	DISEASES (rise Ia Ih UNDERLYIN OTHER SIGNII TO THE DEA' DISEASE OR CI 19A. ACCIDE OR CONTRIBI DEATH (notif) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and hour an 23A. SIGNATU	ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION last. FICANT CONDITIONS CO TH BUT NOT RELATED TO TI CONDITION GIVEN IN PAR FOPERATION 198. CON WAS PERI NT WAS UNDERLYING UTING CAUSE OF medical examiner) (Month) (Day) (Year) That (I) (this hospital lost saw the deceose d from the couses story JRE JOS eph MATION, 1248. DATE	any, giving slating the stating the NTRIBUTING HE TERMINAL IT I (A). (Hour) 21E, Whi Wor of the dollar on the dol	VHICH OPERATION PLACE OF INJURY (e.g., i e., form, factory, street, of the control of the contr	20A. AUTOPSY? (Yes or No) n or obout 21C. WHERE DID ffice bldg, INJURY OCCUR? 21F. HOW DID INJUR 21F. HOW DID INJUR and that riew the body after deoth. Med. Director Ph 23D. ADDRESS 1115 N. Calvert EMATORY 24D. Loc	(If in Boltimor If OCCUR? In (my) (our) opi In (my) (our) opi Street, I	Inion deoth occurred or 238, DATE SIGNED



BALTIMORE CITY HEALTH DEPARTMENT 72 07007 CERTIFICATE OF DEATH Such Deceased death 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Printl On 4. USUAL RESIDENCE (Where deceased lived, It institution: residence before admission)
A. STATE
B. COUNTY hospital death. of 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION! ARYLAND mores C. CITY OR TOWN cause; 0 D. INSIDE CITY LIMITS? 1timoces YES A NO prior contributing E. STREET AND NUMBER etermined regular 5. SEX 8. DATE OF BIRTH 7. MARRIED 9. AGE (In years Il Under 1 Yr. Months: Doys Il Under 24 Hrs. Hours : Min. deceased is ma NEVER MARRIED Hours lost birthday WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY? disposition = done during most of working life, even if retired) (4) Und ROCERY 13. FATHER'S NAME M ds the 14. MOTHER'S MAIDEN NAME MARIES eath L O 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown! (If yes, give wor or dates of service) kind; 6. SOCIAL ADDRESS or final SECURITY NO. attendance any 18. pronounced CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH Mul racture (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE embal heart failure, asthenia, etc. It means the disease, regular miner. injury or camplication which caused death.) ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the 5 physician before the remains UNDERLYING CONDITION last. medical Was П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). physician Body 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION the 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 3 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, lorm, loctory, street, office bldg., INJURY OCCUR? where (If In Baltimore City, give exact location) o N to the hospital MEDICAL DEATH (notily medical examined nature; 21D. TIME OF INJURY obtained (Month! (Doyl (Year! (Hourl 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 approved (except Not While While At (APPROX.) and Work At Worl any 22. I certify that (I) (this hospital) attended the deceased fram eath); pe that (1) (we) last saw the deceased alive on... and that in (my) (our) opinion death accurred on the date of hospital and hour and from the causes stated above. (1) (We) (did) (did nat) view the bady after death. must 23A. SIGNATURE 238, DATE SIGNED Ď Attending 40 approval Director Q 23 C. PHYSICIAN'S NAME (Type) prior 23D. ADDRESS ţ An D.O.A. DEGREE 24A. BURIAL CREMATION. REMOVAL (Specify) 24C. NAME OF CEMETERY OF CREMATORY eceased (City, town, or county) he body shows: Moreland 258 NAME OF REGISTRAL 1/Emenial 1000108/1 FARK Was 25A. DATE REC'D AY HEALTH DEPT. ADDRESS VS 150-REV. 1/1/68

Acute concress or of OF CHANGE CHANGE Confirmation and 72 07008 STATE OF MARYLAND-DHINH BALTIMORE CITY HEALTH DEPARTMENT

BALTIMORE CITY HE	ALTH DEPARTMENT
C-623 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 72 07008
BIRTH NO.	REG. NO.
1. NAME OF DECEASED	2. DATE Knawn Month Doy Year Hour
(Type or Print) COLEY F. CROCKETT	OF Estimated
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Day Yeor Hour
	PRONOLINCED DEAD
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	7 23 1972 10:45p M.
OK INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
146 N. Decker Ave.	Md. 601
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	Balto. YES 🔀 NO 🗌
male white WIDOWED DIVORCED DI	E. STREET AND NUMBER
last hirthday) Manths Days Hours Min.	
	146 N. Decker Ave.
11. BIRTHPLACE(Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Virginia U.S.A	Edward L. Crockett
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME
done during most of working life, even if retired) Seaman Retired	Julia Thomas
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war ar dotes of service) SECURITY NO.	B Thelma Crockett-1223 Dellwood Ave.
No 219-01-677	
19. 4/2, 4/1 CAUSE OF DEA	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arterioscle	rotic cardiovascular disease
LEADING TO DEATH (A)IMMEDIATE O	AUSE
(This does not mean the made of dying, e.g., DUE TO, OR A	AS A CONSEQUENCE OF:
heort foilure, asthenia, etc. It means the disease, injury ar complication which caused death.)	
ANTECEDENT CAUSES (B)	AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
LINDERLYING CONDITION LAST	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W/	AS PERFORMED 21. AUTOPSY? (Yes or No)
0	
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g.,	no
UNDERLYING OR CONTRIB- home, farm, factory, street, affice	In ar about 22C. WHERE DID (If in Baltimare City, give exact location) e bldg., etc.) INJURY OCCUR?
☐ UTING ☐ CAUSE OF DEATH.	
OF INJURY (Month) (Day) (Yeor) (Hour) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
(APPROX.) WHILE AT NOT AT W	WHILE
23.	
I certify that I held on Inquiry Inspection 🗵 Au	topsy ond that on this basis, death in my opinion
resulted from: Natural causes 🗵 Accident 🗌 Suicid	
resulted from: Natural causes (A Accident) Suicid	
ACTUAL 2011. 19/11	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE Mawn Hatt M.D	ASSISTANT MEDICAL EXAMINER
EVAMINED'S	ASSOCIATE MEDICAL EXAMINER 7 2/ 72
NAME (Type) Marvin S. Platt, M.D.	7-24-72
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, tawn, ar county) (State)
REMOVAL (Specify) Burial 7/27/72 Moreland Me	morial Pk Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	
1111 27 1972 Trang Monon	A. Alan Seitz, Jr. 3818 Roland Ave
VS 151-REV. 1/1/68	

Transpir . Length A North Assessment of the Control of A company and the company of the com accompany that produces the production of the pr

1	0 115 20 0200-	BALTIMORE CITY I	HEALTH DEPARTMENT	195	2 07009	
	S-415 72 07009	CERTIFICAT	E OF DEATH	REO. THE	F MARYLAND-DHMH	
and sath the the	1. NAME OF DECEASED		2. DATE AN	STATE O	L. MEUTHERD-DUMB	
of deat Decease e on th	(Type or Print) HARRY J. SULLIVAN		Ju	lÿ 24, 1972	2:28 P. M.	
of of De Ge ath	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	D DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUN	e deceosed lived. If instituti TY	on: residence before odmission)	
cause use; (5) endanc to dec	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION) INSTITUTION	I, GIVE STREET	Ind.		1/2	
	INSTITUTION		c. City or town Alexandria	D. INSIDE C		
	US Public Health Service Hospita	al	E. STREET AND NUMBER			
nting d cau r att prior	3100 Wyman Parkway		722 W. Mac	dison Street		
occurr ontribu ermine regula eased is mad	6. SEX 6. RACE 7. MARRIED NI M Caucasian WIDOWED	DIVORCED	9/12/21	lost birthdoy) Moi	Under 1 Yr. If Under 24 Hrs. nths Doys Hours Min.	
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de de la serie de	13. FATHER'S NAME	1	4. MOTHER'S MAIDEN NAM	A E		
rif (4) I w the ispo	Kenneth J. Sullivan		Lenora Zent	meyer		
ath on on		SOCIAL 1	7. INFORMANT		ADDRESS	
the the kir de de	No 30	08-22-9255	Records- US 1	PHS Hospital,	Balto, Md.	
if if it in it is in	18. / 86 X I	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
so, of or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Widespread	metastases	Non	
Alsonon att	(This does not mean the made of dying, e.g., hearl failure, asthenia, etc. 11 means the disease,	(A) IMMEDIATE CAUSI DUE TO, OR AS A	CONSEQUENCE OF: incli		Mos.	
ner. actu pro pro	injury or complication which caused death.)		invo	lement		
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X X X X X X X X X X X X X X X X X X X	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	DUE TO, OR AS A	CONSEQUENCE OF:	068018		
al (3) (3) (3) (3) (3)	UNDERLYING CONDITION last.	(c)				
nedica edica burns hysici n was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Thrombosis of inferior vena cava Unknown				
dy dy cia	OISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION 198. CONDITION FOR WHICH WAS PERFORMED	H OPERATION	20 A. AUTOPSY? (Yes or No.	20B. IF YES, WERE FINDS	NGS CONSIDERED	
chie y a Bod the nysic	THE LEWIS CONTRACTOR OF THE PERSON OF THE PE		yes	yes		
the all b (2) ere o ph	O 21A. A CCIDENT WAS UNDERLYING 21B. PLAC OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) etc.)	m, foctory, street, office	or obout 21C. WHERE DID	(If in Boltimore City	r, give exoct location)	
メモッチスコ		JRY OCCURRED	21F. HOW DID INJU	URY OCCUR?		
hosp hosp apt w ept w (6)	While At	Not While	П			
he he hy n xce	22. I certify that (1) (this haspital) attended the de		Apr. 26	1972 to July	7 24 19 72	
f ar (e) ; (e)	that (1) (we) last saw the deceased alive an	ıly 24	177	4.4	death occurred an the date	
sed to sed to sed to pital pital beath ust b	and harrand from the causes stated above. (1) (We	e) (did) (did plot)/via	ew the body after death.			
ased ased dent ospit deat	23A FIGNATURE	15	dia- C Mod C		DATE SIGNED	
al to	10 Out Elles	DEGMEE		Staff Phys.	7/25/72	
as r as r ior rov	Robert E. Belliveau, Surgeo	PI 23	US PHS Hospital	., Balto, Md.	21211	
w we We	24A. BURIAL CREMATION. 24B. DATE 24C. NAME of	OI CEMETERY OF CREM			wn, or county) (State)	
certification of the control of the	REMOVAL (Specify)	.F. Cemetery		lexandria, Ind:		
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF RES		25C. FUNERAL DIRECTOR		ADDRESS	
This the show was dece	JUL 27 The Driver Tribes	MOND O	Howard N. Hul	obard, 4107 Wi	1kens Ave. 21229	
	VS 150-REV. 1/1/68	7				

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25A. DATE REC'D BY HEALTH DEPT.

JUL 27 1972

VS 151-REV. 1/1/68

Mc Cully-130 E. Font Ave. Balto. Md. 21230

25C. FUNERAL DIRECTOR

8-1-1972 - Letter from the Office of the Chief Medical Examiner, Peter Lipkovic, M.D. Assistant Medical Examiner STATE STATE HRS

Heat History and Total

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24C. NAME of CEMETERY or CREMATORY 24A, BURIAL CREMATION, 24B. DATE 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 7/26/72 Burial Woodlawn Cemetery Woodlawn Balto. Md. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Mitchell Wiedefeld Home 6500 York Rd VS 151-REV. 1/1/6B

artificial In window N. J. Hard Chiefes Date of Participation CASE CASE THE RESERVE TO SERVE THE SERVE TO SERVE THE SE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	72	070
BALTIMORE CITY HEALTH DEPARTMENT		

MEDICAL EXAMINER'S (CERTIFICATE OF DEATH REG. NO	72 07012			
1. NAME OF DECEASED T	2. DATE Known Month Doy	Year Hour			
(Type or Print) Dorothy Haines	OF DEATH Estimated 7 24	72 M.			
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day	Year Hour			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD 7 24 5. USUAL RESIDENCE (Where deceased lived. If institution:	72 11:45 a _M			
00 810 Cathedral St.	A. STATE B. COUNTY	1/02			
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY	Y LIMITS?			
female White widowed ☐ DIVORCED [X]		NO O			
last birthday) Months Doys Haurs Min.	E. STREET AND NUMBER				
June 12, 1916 XXX 56	810 Cathedral Street				
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME				
Baltimore WHATGSUNTRY?	Wilson L. Haines				
14A.USUAL OCCUPATION (Give kind af wark 14B. KIND OF BUSINESS OR INDUSTR' done during most of warking life, even if retired)	15. MOTHER'S MAIDEN NAME				
Typist Tongue Brooks Co.	Naomi Von Eiff				
16. WAS DECEASED EVER IN U.S. ARMED FORCES? [17. SOCIAL		DRESS			
(Yes, na or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Mrs.Albert Clark 6829 B	lenheim Rd			
19. [17] CAUSE OF DEA	TH .	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
5/1/0	21- 1 1 . 2 .	BETWEEN UNSET AND DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	The wetaworken of &	ATT.			
(This does not mean the mode of dying, e.g., DUE TO, OR,	CAVSE AVA CONSEQUENCE OF:	7.7			
heart failure, asthenia, etc. It means the disease, injury or camplication which coused death.)		IVE!			
ANTECEDENT CAUSES (B)	10. A. C. a. 10.				
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:				
Z UNDERLYING CONDITION LAST. (C)					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL					
DISEASE OR CONDITION GIVEN IN PART 1 (A).					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED	21. AUTOPSY? (Yes or No)			
	Yes - partial				
UNDERLYING OR CONTRIB- hame, farm, factory, street, office	in ar about 22C. WHERE DID (If in Baltimare City, give exact ce bldg., etc.) INJURY OCCUR?	lacation)			
UTING ☐ CAUSE OF DEATH. 2 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?				
OF INJURY WUILEAT NOT	T WHILE C				
(APPROX.) m. WORK AT W	NORK L				
	ond that on this basis, death in my o	minian			
resulted from: Notural couses Accident Suicid					
ACTUAL VI LANDITATIO	CHIEF MEDICAL EXAMINER	DATE SIGNED			
SIGNATURE AU VOUNT M.C.	ASSISTANT MEDICAL EXAMINER	7/24/72			
EXAMINER'S Peter Lipkovic, M.D.	ASSOCIATE MEDICAL EXAMINER	1/24/12			
24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town,	ar county) (State)			
Burial 7/26/72 Druid F	R idge Pikesvill	Le, Md.			
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR		DRESS			
1111 27 1072 Lidey Whorton	Mitchell-Wiedefeld Hom	ne 6500 York			
JUL 20 1312 / 20 7 20 6 20 10 10 10 10 10 10 10 10 10 10 10 10 10	0 9 9	Road			
VS 151-REV. 1/1/6B	h ₂				

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	Pe or Print)	EASED	JAMES	C.	REDMOND,		July	23, 19	972	
			OT IN HOSPIT			4. USUAL RESI	B. COUN	e deceosed liv TY	red. If inst	itution: residence be
HO	LL NAME OF DSPITAL OR STITUTION	ADD	RESS OR LOCA	ATION)	UTION, GIVE STREET	C. CITY OR TOV	VN			E CITY LIMITS?
-	34	Bon S	ecours	Hospita]		Baltimo		venue		YES X NO
5.	SEX	6. RACE		7. MAPPIED	NEVER MARRIED		TH S	9. AGE (In ve	ors	If Under 1 Yr. , If
M	a 1e	Whit	e	WIDOWED		7 1 10	393	79	ľ	Months Doys He
	USUAL OCC			108. KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	(State or fareig	gn cauntry)		12. CITIZEN OF WI
			Driver	W.T. C	Cowen Co.	Mir	nesota			U.S.A.
13.	FATHER'S NA	ME				14. MOTHER'S	MAIDEN NAM	ΛE		
		James	Re dr	mond		Marg	garet	(Unknow	wn)	
(Ye	Was Deceased s, no or unknawn NO	Ever in U	S. Armed Far ve war ar date	ces? s af service)	1 6. SOCIAL SECURITY NO. 217-01-7099	Mr. Vinc		Mileo,	Jr. 5	ADDRESS 515 Glenbr
	heart failure, injury ar car DISEASES (rise to th	asthenia, nplication ANTECED OR CONE e abave	the made of etc. II means which caused ENT CAUSES DITIONS, if cause (A)	the disease, death.)	(B) DUE TO, OR A	S A CONSEQUENCE	COPI		ile	
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ERTIFICATION	DISEASES rise to the UNDERLYIN OTHER SIGNITO THE DEA	asthenia, nplication ANTECED OR CONE e abave G COND! FICANT CO TH BUT NO	etc. II means which caused ENT CAUSES DITIONS, if cause (A) TION last. II NDITIONS CO TRELATED TO TI GIVEN IN PAR	the disease, death.) any, giving stating the MIRIBUTING HE TERMINAL TO A TO THE TERMINAL TO T	DUE TO, OR A	S A CONSEQUENCE ONE A CONSEQUENCE ONE OF	COPI Reelo	Meun 20B. IF YES,	WERE FIN	NDINGS CONSIDE
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EDICAL CERTIFICA	DISEASES rise to the UNDERLYIN OTHER SIGNITO THE DEADISEASE OR (CONTRIBEDEATH (notify (APPROX.)) 21 D. TIME OF INJURY (APPROX.)	asthenia, nplicalian ANTECED OR CONE e abave G CONDI FICANT CO TH BUT NO CONDITION F OPERATIO (Month) That (1) () last saw d fram the	etc. II means which caused ENT CAUSES DITIONS, if cause (A) TION last. II NDITIONS CO I RELATED TO TI GIVEN IN PAR ON WAS PERI (Doy) (Year) this haspital the decease	the disease, death.) any, giving stating the MTRIBUTING HE TERMINAL TOTAL TOT	WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, like At Wat At W	S A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AND MO OF AND MO	COPI E OF: Recto Y? (Yes ar No) HERE DID OCCUR? DW DID INJU and the fter death.	20B. IF YES, IN CERTIFY (If In URY OCCUR? 9 1 to	WERE FII NG CAUS Baltimare	City, give exect lacc
MEDICAL CERTIFICA	DISEASES rise to the UNDERLYIN OTHER SIGNITO THE DEAL DISEASE OR (19 A. DATE OF CONTRIBUTION OF INJURY (APPROX.) 21 D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we and hour an 23 A. SIGNAT)	asthenia, nplicalian ANTECED OR CONDI e abave G CONDI FICANT CO CONDITION OPERATIO (Month) that (1) (last saw d fram the JRE MATION,	etc. II means which caused ENT CAUSES DITIONS, if cause (A) TION last. II NDITIONS CO I RELATED TO TIGIVEN IN PARCON WAS PERI (Doy) (Year) this haspitol the decease e causes stated.	the disease, death.) any, giving stating the stating that stating the stat	WHICH OPERATION PLACE OF INJURY (e.g., farm, foctory, street, linjury Occurred At Walk he deceased fram 1 - 20 (We) (did) (did not)	S A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AND MAN OF A	COPI Redo Y? (Yes ar Na) HERE DID OCCUR? OW DID INJU and the fter death.	20B. IF YES, IN CERTIFY (If In URY OCCUR? 9 1 to	WERE FINNG CAUS Bultimore	city, give exoct lacce 23 ion death accurre 7 - 2 4

e in the second of the second (= (=) 3653 25 The fact of the same of the same of the same 2000年 1900年 the second property and the second property and the second second

BALTIMORE CITY HEALTH DEPARTMENT 72 07014 CERTIFICATE OF DEATH EG. NO of death Deceased Such I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH 0 (Type 917Print) 4. USUAL RESIDENCE (Where deceased lived. If institution residence hospital 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD before odmission attendance B. COUNTY, (5) cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Unknown cause; C. CITY OR TOWN FUNKS TOWN D. INSIDE CITY LIMITS? 0 0 NUrsingt YES D NO prior contributing E GREEN STREET occurred Undetermined in regular mad 5. SEX 6. RACE MARRIED NEVER MARRIED 9. AGE (In years If Under 24 Hrs. Hours : Min. If Under 1 Yr. Months Doys deceased Hours ost birthdoy DIVORCED WIDOWED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY? death disposition done during most of working life, even if relired) 9 Never KMPlove U.S.A. Was enna the 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME direct 4 David Fyler Elizabeth Lytel assistant leath 0 kind; 15. Was Deceased Ever in U. S. Armed Forces? Mr. Robert E. Harvie, 16 E. Green Sr. 6. SOCIAL final (Yes, no or unknown) (If yes, give war ar dotes of service) SECURITY NO. attendance UISincHoms 1802Eytau 3-10-2584 CAUSE OF DEATH any pronounced 0 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH several agent (A) IMMEDIATE CAUSE fracture (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. If means the disease, ar injury at camplication which caused death.) regul ANTECEDENT CAUSES who are 4 DISEASES OR CONDITIONS, if any, giving CONSEQUENCE OF: 3 rise to the abave cause (A) stating the physician UNDERLYING CONDITION last dins Was 11 rem OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). Body the chief 19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION the 20 A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED 0 CERTIFI WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 3 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID hame, farm, factory, street, alfice bldg., INJURY OCCUR? (If In Baltimare City, give exoct location) to the hospital å MEDICAL DEATH (notify medical examined) any nature; etc.) obtained 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 9 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (except Not While While At (APPROX.) and At Work 22. I certify that (I) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive an. 99 of and that in (my) (aur) apinion death accurred an the date death) hospital the body was released must and haur and from the causes stated above. (1) (We) (did) (did nat) view the bady after death. accident 23A. SIGNA 23 B. DATE SIGNED Attending 10 Med. pproval Phys. Director 0 23C. PHYSICIAN'S NAME (Type) prior certificate 23D. ADDRESS a An D.O.A. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) eceased 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION Buria1 7-26-1972 Woodlawn Cemetery Woodlawn, Maryland X DS 25A. DATE REC'D BY HEALTH DERTY 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Howard H. Hubbard, 4107 Wilkens Ave. 21229 VS 150-REV. 1/1/68

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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

1	9-150 72 (17)	015 CERTIFICA	HEALTH DEPARTMENT	REG. NO.	72 07015
BI	RTH NO.	CERTIFICA		SAUAUUS	OF MARYLAND = DHMH
11		DINA	7	-25-72	6-30 Pm.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE FRO	NOUNCED DEAD	4. USUAL RESIDENCE (WI	here deceased lived. If in: JNTY	stitution: residence before admission)
11 H	ILL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
16			BALLINGR	6	YES NO
	LUHHERAN HOSI	PITAL	E. STREET AND NUMBER	4443 CLIFTO	ON ROAD #21216
5.	SEX 6. RACE 7. MARRI EE MALL IN HI + E WIDOW		8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
10.	LUSUAL OCCUPATION (Give kind of work 10B, KIND to during most of working life, even it retired)		11. BIRTHPLACE (Stole or fo	V O	12. CITIZEN OF WHAT COUNTRY?
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	AT HOME	LITHUAN	14	USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N.	AME	OOA
-	KALMAN GERBER		BESSIE ?		
15. (Ye	Woe Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give war or dotes of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO		H. MILTON LASS	ON . #6001 WAI	LLIS AVENUE #21215
	18. 427:0	CAUSE OF DEATH		,	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1100	PIT	1 101	
	(This does not mean the mode of dving, e	(A) IMMEDIATE CAU	SE Congestive A	lear trailur	r.C
	heart foilure, asthenio, etc. It means the disectiniury ar camplication which caused deoth.)	150,	CONSEQUENCE OF:		
	ANTECEDENT CAUSES	10.0			
	DISEASES OR CONDITIONS, if any, giv	ing DUE TO, OR AS	A CONSEQUENCE OF:		***************************************
	rise to the abave couse [A) stoling UNDERLYING CONDITION jost.	(c)			M .
	ll l	(0/			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	IG AL	0+++ 	***************************************	
CERTIFIC	194. DATE OF OPERATION 198. CONDITION FO	OR WHICH OPERATION	20A. AUTOPSY? (Yes or h	10 208, IF YES, WERE F	INDINGS CONSIDERED ISES OF DEATH?
ZA CA	OK CONTRIBUTING CAUSE OF	218. PLACE OF tNJURY (e.g., in home, farm, factory, street, off etc.)	or obout 21 C. WHERE DID	(If In Boltimore	City, give exact location)
MEDI	21D-TIME (Manth) (Doy) (Year) (Hour) OF INJURY IAPPROX.)	While At Not While Work At Work	21F. HOW DID IN	JURY OCCUR?	
	22. I certify that (I) (this haspital) attende		7-13-	19.7.2 to 7	<u> </u>
	that (I) (we) last saw the deceased alive a		Etc.		ian death accurred an the date
	and haur and fram the causes stated abave				and office an tile dala
	23A. SIGNATURE				23 B, DATE SIGNED
	Threloly	M - D Atter	ding Med.	Staff Phys.	
	23C. PHYSICIANS NAME (Type) JASSED H. SIDDIG	, M.D	D. ADDRESS Letheran	Hospital	
24/	0 1/0-	DEGREE CEMETERY OF CRE	MATORY 24D.	LOCATION (City	y, lown, or county) (State)
		IKRO KODESH	100	ALTIMORE, MAR	
25/		NE OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS REISTERSTOWN ROAD
VS	150-REV. 1/1/68		-15 9 + 2		

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8-38-81	119-25-6 /2 0/016	HEALTH DEPARTMENT						
and eath ased the	BIRTH NO. CERTIFICA	TE OF DEATH STATE OF MARYLAND-DHMH						
_ 6	(Type of Print)	2. DATE AND HOUR OF DEATH						
	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where decoused lived, Il institution: residence before admission) A. STATE B. COUNTY						
hosi use : (5) danc dec	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland BAL10 5300						
ca ca	Baltimore, Maryland 27221	C. CITY OR TOWN D. INSIDE CITY LIMITS? Baltimore YES X NO						
caurior	BALTIMORE CITY HOSPITAL 4940 Eastern Avenue, Baltimore, Maryland	E. STREET AND NUMBER 1-D						
but but ned ned d p	5. SEX 6. RACE 7. MARRIED 7 NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years 15 Under 1 Yr. Under 24 Hrs.						
ntrib rmin egul	Male Caucasian WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years lost birthday) 11 Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.						
th cor	10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if relired)	11. BIRTHPLA CE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
or o	SELF EMPLOYED REAL ESTATE 13. FATHER'S NAME	Maryland, BALTIMORE U.S.A.						
if c (4) L we the spos	Joseph KAMINETSKY	14. MOTHER'S MAIDEN NAME Hattie SEGALOFF						
ind; ind; eath al di	15. Wos Deceased Ever In U. S. Armed Forces? 16. SOCIAL 16. SOCIAL	17. INFORMANT ADDRESS						
the the kin de nce fina	NO SECURITY NO. 215-10-3313	MRS. ROSE KAMINETZ, 6930 BROOKMILLS ROAD #15						
s as if any ced nda or	18. 5 8 2 × 1 CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
Also, re of a nounc attendant	LEADING TO DEATH							
er. /	heart failure, asthenia, etc. It means the disease. DUE 10, OR AS A CONSEQUENCE OF:							
ini D DE	injury or complication which caused death.) ANTECEDENT CAUSES	to the second						
Xan Kan Kan Wh Wh	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS , rise to the obove cause (A) stating the	A CONSEQUENCE OF:						
ical estat e	UNDERLYING CONDITION last. (c) Cha	rais Renal Failure						
dia y × E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
me my by ph ph iian	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994-DATE OF OPERATION 1985. CONDITION FOR WHICH OPERATION.	Adril						
chie Bod the ysice	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 12B PROPERTY OF THE OPERATION WAS UNDERLYING [7] 12B PROPERTY OPERATION WAS UNDERLYING [7] 12B PROPERTY OPERATION WAS UNDERLYING [7] 12B PROPERTY OPERATION WAS UND	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
tal by: (2) here to be befor	OR CONTRIBUTION OF	or obout 21 C WHERE DID (If In Baltimare City, give exoct location) ice bidg., INJURY OCCUR?						
by the pritary who who do be	DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	216 HOW DID INJURY OCCUR						
hospita nature; sept whe d (6) No ained be	21D. TIME (Month) (Doy) (Yeold (Hour) 21E INJURY OCCURRED While At Work At Work							
00 00 00		7-21- 19 72 to 7-25- 19 72						
b t la t	that (1) (we) last saw the deceased alive on 7-25- 19 72 and that in(my) (aur) apinion death accurred an the date							
be to the state of	and hour and fram the causes stated above. (i) (We) (dld) (dld not) view the body after death.							
20.222	Robert 7, Diaser Phys.	ding Med. Staff Phys.						
0 - 0 - >	23C. PHYSICIAN'S	Baltimore City Hospitals						
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREA	1940 Eastern Avenue, Baltimore, Md. 21224						
This certificat the body was shows: (1) An was D.O.A. at deceased pric	24A. BURIAL CREMATION, 24B. DATE 24G. NAME of CEMETERY OF CREATERY	, and the country of						
This cert the body shows: (was D.O decease written	25A. DATE REC'D BY HEALTH DEPT 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS						
そらか アルゴ	JUL 21 1912 The gray of the first	SOE LEVINSON & BROS., 6010 REISTERSTOWN ROAD						

VS 150-REV. 1/1/68

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	L NAME OF	E IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			4. USUAL RES	B. COU	ere deceosed liv NTY	ed. If in	stitution; residen	Se before o	
HO!	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET STREET ADDRESS OR LOCATION)			C. CITY OR TOWN		D. INSIDE CITY LIMITS?					
-	A) 14 G PROADWAY 2nd Floor				BALTIMORE E. STREET AND NUMBER			YES X NO			
00 14 S. BROADWAY, 2nd Floor				14 S. BROADWAY							
S. SE		6. RACE		7. MARRIED	NEVER MARRIED XX DIVORCED	8. DATE OF BIR		9. AGE (In year lost birthdoy)	ors 90	If Under 1 Yr Months Doys	If Unde Hours
	USUAL OCCI	WHITE	ind of work		BUSINESS OR INDUSTR	Y 11. BIRTHPLACI	E (Stote or for	_	, 0	12. CITIZEN C	FWHAT
		working life, even	if retired)	AT LI	OME	II THUAN	TA			USA	
	HOUSEWI			AT H	UNE	14. MOTHER'S		AME		USA	
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		Ever in U. S. A			1 6. SOCIAL SECURITY NO.	17. INFORMAN	Т	18	11 S	. 5th ST	RESS REET
	NO					MISS SOP	HIE FL	EXER, PH	ILADI	ELPHIA.	PA. 19
	heorl foilure,	LEADING TO not mean the osthenio, etc. aplication which	mode of	the disease,		A CONSEQUENC	E OF:	mboli			med.
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MEDICAL CERTIFICATION	DISEASES (rise to the UNDERLYING OTHER SIGNIF TO THE DEAT OTHE DEAT OF 21 A. ACCIDE OR CONTRIBL DEATH (notify 21 D. TIME OF INJURE) (APPROX.) 22. I certify that (I) (we) and hour and	NT WAS UNDE DITING CAUSI medicol exomin (Month) (Doy that (1) (this last saw the different process) (MATION, 248, Specify) 248,	mode of II meons h caused CAUSES INS, if couse (A) I lost. ONS COMMITTED TO THE INTERNAL IN PART 19B. CONIWAS PERFORMEN (Year) (Year) (Year) ARRY	ine disease, death.) ony, giving stating the stating	DUE TO, OR AS (B) ATARA (B) ATARA (C) CALT MA (C) CALT MA (C) CALT MA WHICH OPERATION PLACE OF INJURY (e.g., or of the control of the	SA CONSEQUENCE SE SELO SA CONSEQUENCE PARTICIPATION 20A. AUTOP 20A. AUTOP 20A. AUTOP 21F. H ille 21F. H ille 21F. H ille 22F. H 23D. ADDRESS 14 S. B	CE OF: CE OF: CO CO SY? (Yes or N WHERE DID OW DID IN CO And. Oirector ROADWA	ON LAND TO LONG TO LON	WERE ING CAI	FINDINGS CON USES OF DEAT e City, give exort 238. DATE SIG	SIDERED H? It location) 15 curred an

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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

6	2 4/4 50 0004	BALTIMORE CITY	HEALTH DEPARTMENT		72 07018		
BII	>340 72 0701	CERTIFICA	TE OF DEATH	REG. NO	7-0 0 7 0 1 0		
1,1	NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	OF SUMMERS OF STREET		
_	20KOC, DY.	OND GREGORY	7123	21) 2	12:30A M		
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	A. STATE B. COUN	re deceased lived. If in:	stitution: residence belore admission)		
H	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Maryano		2117		
IN <	ina, Hospital	\as h.o	Baltmore		YES TO NO T		
Ç	elvebere & Oreens	De 1000 it of	E. STREET AND NUMBER		7		
7		21112	3605 bli	rrose A	28 H12		
5.	MALE WIDOW		8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.		
	. USUAL OCCUPATION (Give kind of work 10B, KIND eduring most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stole or fore	gn country)	12. CITIZEN OF WHAT COUNTRY?		
		HLEHEM STEEL	AKRON, OHIO		USA		
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME			
15	SAMUEL SOKOL		ELIZABETH (GINSBERG			
(Ye	Was Deceased Ever in U.S. Armed Forces? , no or unknown) (If yes, give war ar doles of service	e) 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
	YES W.W. II	110-03-3640		SOKOL, 3902	PRIMROSE AVENUE #15		
	DEFACE OF CONDITION PLACET IN	CAUSE OF DEATH	o-Vascula		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Acc 122	_ '	3(hoc		
	(This does not mean the mode at dying, e heart laiture, asthenia, etc. It means the disea injury at complication which caused death.)	(A) IMMEDIATE CAU DUE TO, OR AS A	A CONSEQUENCE OF:	***************************************			
	ANTECEDENT CAUSES	100					
	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:						
	rise to the above cause (A) stating UNDERLYING CONDITION last.	(c)					
_	- 11						
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE TERMIN	IG AL			on on		
	DISEASE OR CONDITION GIVEN IN PART 1 (A).		20A. AUTOPSY? (Yes or No	208, IF YES, WERE F	INDINGS CONSIDERED		
ERTIFIC	WAS PERFORMED			IN CERTIFYING CAU	ISES OF DEATH?		
CALC	OR CONTRIBUTING CAUSE OF	21& PLACE OF INJURY (e.g., ir hame, form, factory, street, off etc.)		(If In Baltimore	e City, give exact location)		
MEDI	OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
1	(APPROX)	While Al Work Not While Al Work	· 🗆				
	22. I certify that (I) (this hospital) attended the deceased fram July 23 1971 to July 25 1973						
	that (1) (we) last saw the deceased alive an July 25 19 3 and that in (my) (out) epinlan death accurred an the date						
	and haur and from the causes stated abave. (i) (We) (did) (did not) view the bady after death.						
	23A. SIGNATURE	(a Atter	nding Med.	Shell First	23B, DATE SIGNED		
	23C. PHYSICIAN'S	DEGREE Phys.		Shaff Phys.	11251)2		
	NAME (Typel		9009 Meado	wheights	RD. RENDAUS,		
24/	BURIAL CREMATION, 248, DATE 24C	NAME of CEMETERY OF CRE			y, town, or countyl (State)		
25.	BURIAL 7/26/72 OF	IR KNESSETH ISRA			MARYLAND		
25/	JUL 27 1972 July 19	RE OF REGISTRAR	25C. FUNERAL DIRECTOR		REISTERSTOWN ROAD		
VS	150-REV. 1/1/6B						

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THE PERSON OF TH

MONTH INTERNATIONAL PROPERTY AND ASSESSMENT OF

25C. FUNERAL DIRECTOR

wolf Owings Mills. Md.

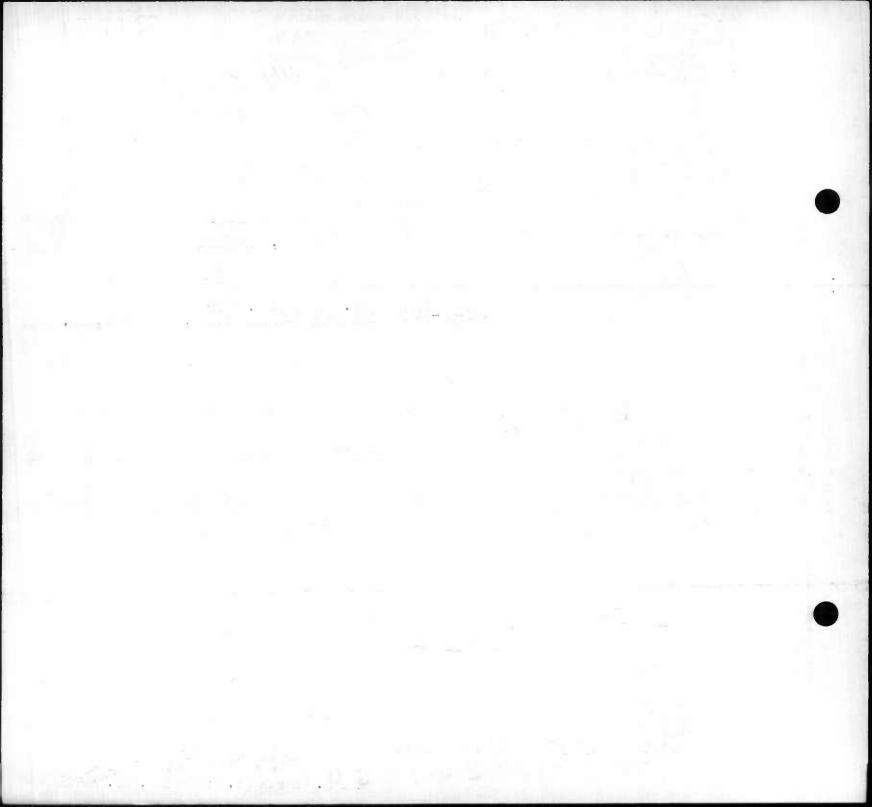
25B. NAME OF REGISTRAR

VS 151-REV. 1/1/6B

25A. DATE REC'D BY HEALTH DEPT

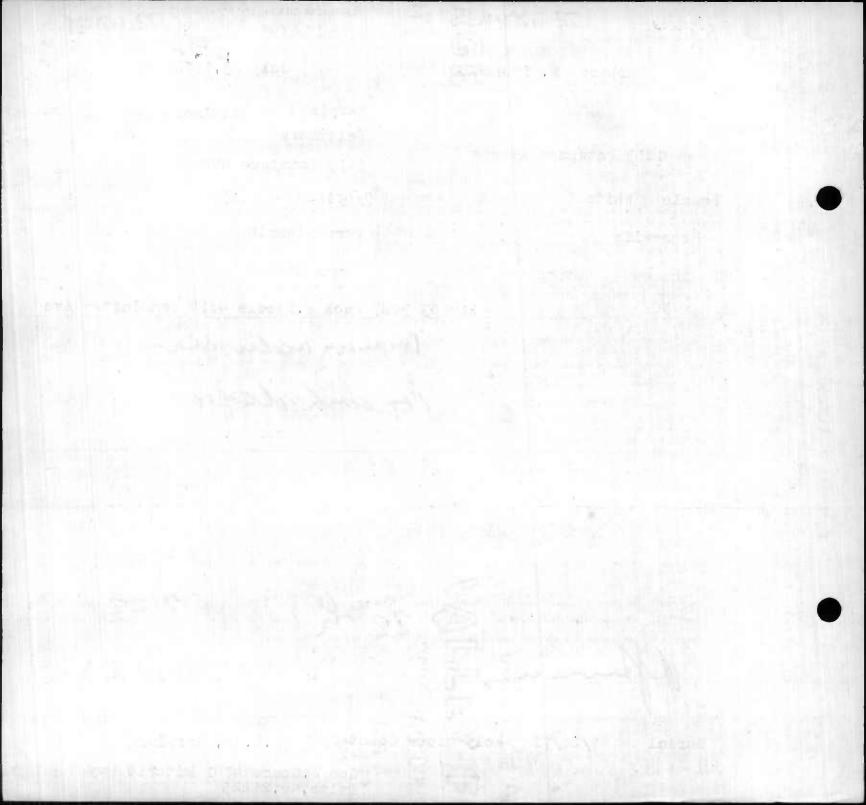
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1	7100	20	05000	BALTIMORE CIT	HEALTH DEPARTMENT		מממים פלי
DH	-600		07020	CERTIFICA	TE OF DEATH	REG. NO.	OF MARYLAND-DHMH
	Pe or Print)	0		_		AND HOUR OF DEATH	
3.	PLACE IN BALTIA	MEY BERN MORE/MARYLAND, W	HERE PRONOL	ARR INCED DEAD	JU/L	1 25, 197	2 15:45 A M. stitution: residence before admission)
	ILL NAME OF				A. SIAIE	INIT	1 2 2 1
II Ho	STITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	ATION)	THON, GIVE STREET	C. CITY OR TOWN		DE CITY LIMITS?
1	Univ. of	Mazyland	Hosp	Tp/	FREDERICK E. STREET AND NUMBER		YES NO .
S. S	20 K	RACE	17			ATRICK ST.	
11	,	White	WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
IOA	USUAL OCCUP	ATION (Give kind of wark		BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
o di	Custod	king tife, even if retired)	TRUCI	k Stop 0.1.	U.SA.,	Vincinia	USA
13.	FATHER'S NAME				14. MOTHER'S MAIDEN N	AME	00011
	John	CARR			LAURA	Thomas	
15. Yes	Was Deceased Ev s, no or unknown) (If	er in U. S. Armed Ford yes, give wor or dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	YES	WWI		233-14-3149	Mrs. Margaret 221 East Patr	J. Carr ick Street. F	rederick Md
	18. 492	XI		CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		OR CONDITION DIR ADING TO DEATH	RECTLY		(1	C1 1	
	heart foilure, as	meon the made of henia, etc. It means	the disease,	(A) IMMEDIATE CAL DUE TO, OR AS	ISE CARDIO GEN A CONSEQUENCE ON	ic Shock	3 days
		calian which caused TECEDENT CAUSES	death.)		4 4	, + 0	
	DISEASES OR	CONDITIONS, II	anv. aivina	(B) Her	TE Myocard A CONSEQUENCE OF:	in Lutares	ion 7 days
	rise to the	obove cause (A)	sloling the	-	nphysomA.		
				(0/	The state of the s		***************************************
CERTIFICATION	TO THE DEATH B	NT CONDITIONS CON UT NOT RELATED TO TH DITION GIVEN IN PART	IE TERMINAL	(849884 44444444444	••••••••••••••••••••••••••••••••••••••		
I S	19A. DATE OF OF	PERATION 198. CONI	DITION FOR W	HICH OPERATION	20 A. AUTOPSY? (Yes or)	ON CERTIFYING CAU	INDINGS CONSIDERED
ERT	21A ACCIDENT				IES		
CAL	OR CONTRIBUTION	WAS UNDERLYING DIG CAUSE OF	home, etc.)	LACE OF INJURY (e.g., it form, foctory, street, of	or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If In Boltimore	City, give exoci locotion)
ā	21 D. TIME (N	ionth) (Doy) (Yeor)	(Hour) 21E, 1	NJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
	(APPROX.)		While Work	At Work	· 🗆		
	22. I certify the	rt (I) (this hospital)	attended the	deceased fram J	1/4 22,	1972 to Ja	14 25 1972
	that (I) (we) las	it saw the decease	d alive an	July 25,	19 7 2 and t	hat in (my) (aue) apin	Ian death accurred on the date
	and haur and fr	am the causes state	ed abave. (I)	(We) (did) (did not) v	ew the body after death.		
	C 7/		11	MD Atte	nding Med.		23B, DATE SIGNED
	23C. PHYSICIAN'S	eras do	Cheme	Z MO Atter	Med. Director 3D. ADDRESS	S haff Phys.	July 25, 1972
	NAME (Type)	OMAS F	IKEM	ER M.O.	UNIV. Hosp.	Batton	ne Md
24A.	BURIAL CREMA	TION, 24B, DATE		AE OF CEMETERY OF CRE		LOCATION (City	, lown, or county) (State)
	Burial	7/27/7		land Burial	Park	Danville,	Virginia
25 A	ver2774	HEALTH DEPT:	25B. NAME OF	REGISTRAR	25C, FUNERAL DIRECTO	REENEY, BASFOR	D FUNERAL NUME
VS I	50-REV. 1/1/68		1		1.06 E. Churc	h St. Freder:	ick, Md. 21701

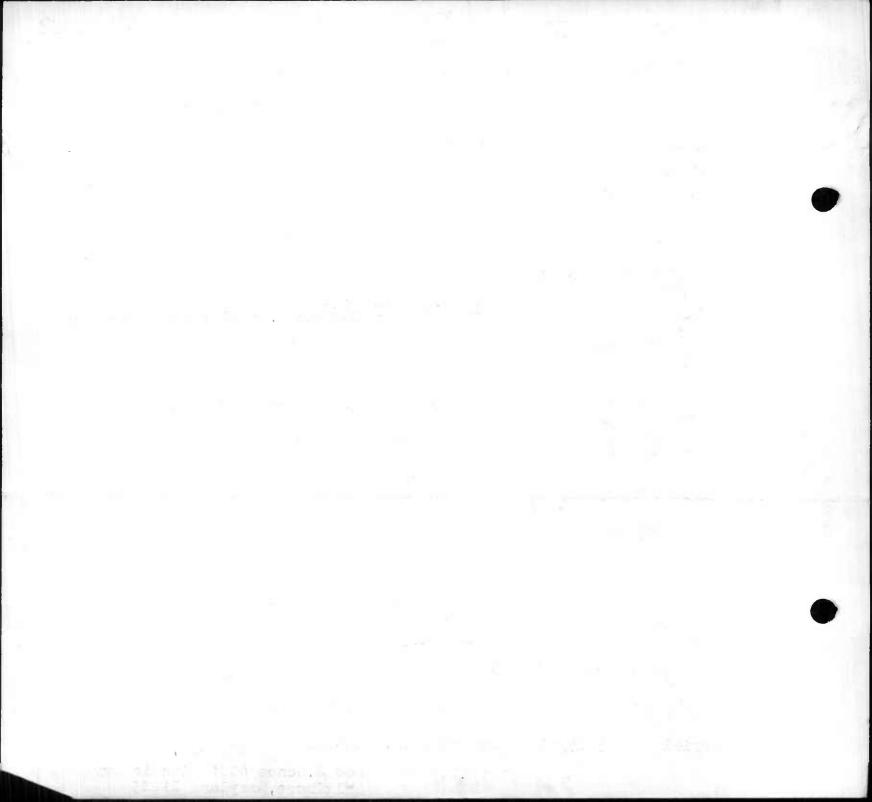


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased Such was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

0 0 100	0 05004	BALTIMORE CITY	HEALTH DEPARTMENT		20
1-01-	2 07021	CERTIFICA	TE OF DEATH	REG. NO	72 07021
BIRTH NO. 1. NAME OF DECEASED				ND HOUR OF DEATH	OF MARYLAND-DHILL
(Type or Print)	M Decke	also	Tul	y 23,1972	1
3. PLACE IN BALTIMORE, MARYLAN	M. Proha		4. USUAL RESIDENCE (Who	ere deceased lived. If	institution; residence before admission)
			A. STATE B. COU		2505
HOSPITAL OR ADDRESS OR	LOCATION)	JTION, GIVE STREET	c. cily ok lownd	Baltimon	E CITY LIMITS?
00			Baltimore E. STREET AND NUMBER		YES X NO
1.21.3 Patap	sco Avenu	le .	1.21.3 Pataps		
s. sex 6. RACE White	7. MARRIED [NEVER MARRIED DIVORCED	7/8/1.889	9. AGE (In years tost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
IOA, USUAL OCCUPATION (Give kind o		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if ret Housewife	hired)		Pennsylvani	ia	US
13. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
Andrew Post	man		Anna Stefa	n	
15. Was Deceased Ever in U. S. Arme	ner	1 6. SOCIAL	17. INFORMANT	~~*	ADDRESS
(Yes, no or unknown) (If yes, give wor o	dotes of service)	SECURITY NO.		a - hoah T	annington Atom Asso
ŅŌ		21.7 03 308		eTe 4014 L	ennington Ave
18. 27 / 0 4	3	CAUSE OF DEAT	n .		BETWEEN ONSET AND DEATH
DISEASE OR CONDITION		wi	well week	unar	~ 945
(This does not meon the mad		(A) IMMEDIATE CAL	A CONSEQUENCE OF:	- /	<u> </u>
heart failure, osthenio, etc. tt m injury or complication which ca		DUE TO, OR AS	A CONSEQUENCE OF.		
		0.	/ . /	100000	11111
ANTECEDENT CA		(B) / Z	con or	15000	10/49
DISFASES OR CONDITIONS, rise to the obave cause		DUE TO, OR AS	A CONSEQUENCE OF:		9
UNDERLYING CONDITION Ios		(c)			
II.					
OTHER SIGNIFICANT CONDITIONS					
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IT					
U 19A. DATE OF OPERATION 198.		VHICH OPERATION	20 A. AUTOPSY? (Yes or N		FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE OF	NG 218, hom etc.)	e, form, foctory, street, o	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(tf In Boltime	ore City, give exact location)
21D. TIME (Month) (Day) (Yeor) (Hour) 21 E.	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
OF INJURY (APPROX.)		te At Not Whit	е		
	Wor				3
22. I certify that (I) (this has		7 18	20.	.19ta	7.22 19/5
that (I) (we) last saw the dec	eased alive an		7 919 and t	hat in (my) (aur) ap	oinian death accurred an the dat
and haur and from the causes	stated abave. (I) (We) (did) (did nat)	view the bady after death.		
23A. SIGNATURE					23B. DATE SIGNED
1 / / Lun	are.	Phy	ending Med.	Staff Phys.	1.7371
23C. PHISICIAN'S NAME (Type)		DEGREE	23D. ADDRESS		1 1-1
NAME (Tipe)		The state of the state of			
24A. BURIAL CREMATION, 24B. DAT	10.00	DEGREE	FAAATORY 1040	LOCATION	Ti
24A. BURIAL CREMATION, 24B. DAT REMOVAL (Specify)		ME of CEMETERY OF CR		and the second second second	City, town, or county) (State)
Burial 7/26	5/72 Ho	ly Cross Ce	metery A.	A.Co. Mar	yland
101 DAZETE 1912 HEALTH DEPT	250 NAME C	OF DEGISTRAR	25C. FUNERAL DIRECTO		tchie Hwy
VS 150-REV. 1/1/68	1		Balto, Md. 2		J
49 190-KE4. 1/1/00			Day of burney	4.44	



SALTIMORE USA	M-260 BALTIMORE CITY HEAL	TH DEPARTMENT 72 07022
Comparison Com	BIRTH NO.	OF DEATH STATE OF MARYLAND-DEMM
Second S	III NAME OF DECEASED	2. DATE AND HOUR OF DEATH
RANKE MARYLAND Baltimore STATE MARYLAND Baltimore STATE MARYLAND Baltimore STATE STATE MARKED STATE STATE MARKED STATE STATE MARKED MARKED STATE MARKED MARKE	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. US	JAL RESIDENCE (Where deceased lived If institution residence before edmission)
S. SEX MALE S. BACE P. MARRIED NEVER MARRIED S. DATE OF BIRTH P. AGE In years H. Under 1 1.6. H. Under 2	FULL NAME OF HE NOT IN HOSPITAL OF INSTITUTION CIVE STREET	TARYLAND Baltimore 253
Second Continue	II SOUTH DALLINGSE MENGUAL HOCHHOLL Y	EET AND NUMBER
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SALTIMORE USA		
14. MOTHER'S NAME	dane during most of working life, even if retired)	
S. W.D. Deceased Eve in U. S. Amed Generic Security	44304	
18.		
NO IB. J.	McGuire	THERINE HALLIGAN
CAUSE OF DEATH CEREBRO - VASCULAR ACCIDENT INITIAL CONTRIBUTIONS ANTECEDENT CAUSES DIESASE OR CONDITIONS, ill any, giving size to the above couse (A) stoling the UNDERLYING CONDITIONS (A) stoling the UNDERLYING CONDITION TO THE REMINAL DIESASE OR CONDITIONS, ill any, giving size to the above couse (A) stoling the UNDERLYING CONDITION TO THE REMINAL DIESASE OR CONDITIONS TO THE DEATH SUTNOTES CONTRIBUTIONG TO THE DEATH SUTNOTES CONTRIBUTION TO THE DEATH SUTNOTES CONTRIBUTIONS TO THE THE THIRD SUTNOTES CONTRIBUTION TO THE DEATH SUTNOTES CONTRIBUTION TO THE DEATH SUTNOTES CONTRIBUTION TO THE DEATH SUTNOTES CONTRIBUTION TO THE THE TOP OF THE	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	herine
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Second Condition Conditi		EROJIC CARDIG-VASCUIAN DISEASE
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DEATH (notify medical examines) State Color Col	194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED	AUTOPSY? (Yes or No) 208, IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
22. I certify that (M (this hospitol) attended the deceased from 1-23-1971-3/1019 to 7-24 1972 that (I) (Met) last saw the deceased alive an 7-24 1972 and that in (my) (our) apinian death accurred on the date and haur and from the causes stated abave. (I) (Met) (did) (did not) view the bady ofter deoth. 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (Gily, lown, or county) 24A. BURIAL CREMATION, 24B. DATE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 25C. FUNERAL DIRECTOR	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 218. PLACE OF INJURY (e.g., in or about home, form, foctory, street, office bldg etc.)	t 21 C. WHERE DID (If In Baltimore City, give exact location) INJURY OCCUR?
22. I certify that (X) (this hospitol) attended the deceased from	[[[Approx]	21F. HOW DID INJURY OCCUR?
that (I) (Me) last saw the deceased alive an 7-24 19.72 and that in (my) (our) apinian death accurred on the date and haur and from the causes stated above. (I) (Me) (did) (did not) view the bady ofter deoth. 23A. SIGNATURE Attending Med. Stoff Phys.		1972-3; 40,8 M , 7-24 1072
and haur and from the causes stated abave. (i) (MC) (did) (did not) view the bady ofter deoth. 23A. SIGNATURE Attending Med. Director Phys. 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type) UNIT G. TOSHEFF, M.D. DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (Gity, town, or county) Burial 25A. DATE RECO BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ATTENDED 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED 24D. LOCATION (Gity, town, or county) (Stole) 25C. FUNERAL DIRECTOR ADDRESS		7 3
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NAME (Type) JULIJ G. TOSHEFF, M.D. 2085-Woodbourne Ave, BALTIMORE, MD. 2123 24A. BURIAL CREMATION, REMOVAL (Specify) Purial 7/27/72 New Cathedral Cemetery Baltimore, Md 25A. Date REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 25C. FUNERAL DIRECTOR 25C. FUNERAL DIRECTOR	DEGREE	
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25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	REMOVAL (Specify)	tony tony or county
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C.	FUNERAL DIRECTOR ADDRESS
VS 150-88V 10/68 WS 150-88V 10/68 Del timore Maryland 21.225		o J. Gonce 4001 Ritchie Hwy



72 07023 STATE OF MARYLAND-DHMH BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH
MILDICAL	FVWWIII 4FV 2	CEKILICALE		

72	07023
12	E/UZO

DIRTH NO		MEL	ICAL	. EXAMINER 3	SEK HIFT	CATE	JE DEA	REG. NO	12	61050
I. NAME OF DEC	FASED		-		2. DATE	Known [Month	Day	Year	Hour
(Type or Print)	LASED	MADE	US LA	NTA CA	OF	Estimoted		Ddy	1601	1.007
	TIMO DE MAN				3. DATE	Estimored		0	Yeor	Hour '
				RONOUNCED DEAD		UNCED DEAD	Month	Doy		
FULL NAME OF HOSPITAL	ADDRES	SS OR LOCA	TION)	TITUTION, GIVE STREET			7	22	1972	'6p N
OR INSTITUTION					5. USUAL F	ESIDENCE (V	Where deceosed	lived. If institution:	residence b	efore edmission)
13 so.	Balto.	Cen	Hosn.		A. SIAIE	Md.		A COUNTY	4	5000
6. SEX	7. RACE	GCII.		RIED X NEVER MARRIED	C. CITY OF			D. INSIDE CIT	Y LIMITS?	
			WIDOV			D.	1.40			🗆
male 9. DATE OF BIRTI	white	10. AGE (I		VED DIVORCED If Under 1 Yr. If Under 24 Hrs.	E CIDEET	AND NUMBE	alto.	} YE	s 🔀 1	ио Ц
		last birthda	(v)	Manths Doys Haurs Min.						
2/27/09		<u> </u>	63				. 334	W.Arden	Rd	
11. BIRTHPLACE (S	itote or fareig	n country)		12. CITIZEN OF WHAT COUNTRY?	13. FATHER	'S NAME				
Balto.M	А			IIS	Stev	e Lana	ga			
14A.USUAL OCCU	PATION (Give	kind of work	14B. KIND	OF BUSINESS OR INDUSTR	Y 15. MOTHE	e Lana R'S MAIDEN	NAME			
dane during most of w	b driv				Pos	ina Sa	maama			
16. WAS DECEAS	ED EVER IN U	J.S. ARMEI	FORCE	S? 17. SOCIAL	IB. INFOR	MANT	Haune	AD	DRESS	
(Yes, no ar unknown)								al		
NO				200000000000000000000000000000000000000		e P.La	nasa 3	34 WArds	en Rd	PROXIMATE INTERVAL
19.412	, 4 1			CAUSE OF DEA						EEN ONSET AND DEAT
DISEAS	E OR CONDI	TION DIRE	CTLY	Arteriosc!	erotic	cardio	vascular	disease		
	LEADING TO	DEATH		(A)IMMEDIATE	CAUSE					
(This daes n	ot mean the , asthenia, etc.	mode of dy	ing, e.g.,		AS A CONSEC	UENCE OF:				
injury ar con	nplication whic	h coused de	oth.)							
	OR CONDITION		v GIVING	(B) DUE TO, OR	AS A CONSE	QUENCE OF:				
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Z	NG CONDITI	ON LAST.		(c)				.,		
12		11								
OTHER SIGN	ATH BUT NOT	DITIONS C	ONTRIBU	TING						
	CONDITION									
20A. DATE OF	PERATION	20B. CO	NDITION	FOR WHICH OPERATION W	AS PERFOR	MED			21. AUTO	PSY? (Yes ar Na)
0 1									HEA	D
ZZA. EXTER	NAL CAUSE	WAS	_	22B. PLACE OF INJURY (e.g.,	in or about	22C. WHERE	DID (If in Boltin	nore City, give exac	t locotion)	
UNDERLYING				hame, farm, factory, street, offi	te bldg., etc.)	NJURY OCC	UR?			
UNDERLYING UTING CA			1 /11	r) 22E. INJURY OCCURRED		are HOWDI	D INJURY OC	CURA		
OF INJURY	(Manth) (D	ay) (Yeo	r) (Hau		WHILE	ZZI. HOW DI	D HAJORT OC	CORP		
(APPROX.)					VORK					
23.	. 14				(HEAD)					
1 cert	ify that I he	eld an 1	nquiry (Inspection Au	tapsy X	and that	an this basi:	s, death in my	plnian	
resul	ted fram: N	atural cau	ses 🗴	Accident Suici	de 🗌 H	amicide 🔲	Undeterr	mined manner		
	i de la	<u> </u>	-)		CHIEF MEDIC	CAL EXAMINE	R 🗌		
ACTUAL		11/1	P	mulloy	ASS	ISTANT MEDI	CAL EXAMINE	R 🔯		DATE SIGNED
SIGNAT				M.I		OCIATE MEDI	CAL EVASSINE			
EXAMIN NAME (1	la!	illian	n P. I	Mulloy, M.D./	ASS	JCIATE MEDI	CAL EXAMINE	× 🗀		7-24-72
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BIRT	1)-4/L	7 72	07024	CERTIFICA	TE OF DEATH	H REG. NO	TE OF MARYLAND DHM		
	AME OF DE e or Print)	Olden H. Wi	lfong Sr	•	7,	124/72	1:55 A		
		ALTIMORE, MARYLAND,			4. USUAL RESIDENCE (A. STATE B. C Maryland	Where deceased lived, If OUNTY	f institution: residence before admiss		
FU L HO IN S	L NAME OF SPITAL OR TITUTION	F (IF NOT IN HOSPI ADDRESS OR LOC	ITAL OR INSTITU	UTION, GIVE STREET	C. CITY OR TOWN	D. 11	NSIDE CITY LIMITS?		
	40	St. Agnes Baltimore			Baltimore E. STREET AND NUMBER 36 S. Care		YES NO NO		
5. S	FY	6. RACE			B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Months Doys Hours Mi		
M	lale	White	WIDOWED		1/22/88	lost birthday)			
done	during most o	CUPATION (Give kind of wo of working life, even if retired) CTMiner		BUSINESS OR INDUSTRY	West Vi		12. CITIZEN OF WHAT COUL		
13. F	ATHER'S NA	AME			14. MOTHER'S MAIDEN		0101211		
		Not Kno	wn		KETHE THE	Not Kr	nown		
5. V	Vas Decease	ed Ever in U. S. Armed F.	orces?	1 6. SOCIAL	17. INFORMANT SON		1959 Charch Road		
Yes	No or unknow	vn) (If yes, give wor or do	tes of service	236-03-3871	Mr. Olden H.	Wilfong, Jr.	Dundalk, Md. 212		
	18. 42	7.0 + 18.	5 X	CAUSE OF DEAT			APPROXIMATE INTER		
	DISEA	ÁSE OR CONDITION D LEADING TO DEATH		ANIMMEDIATE CA	ISE PULMOUS	y Edema	IZ WES.		
		not mean the mode o		DUE TO, OR AS	A CONSEQUENCE OF:	CIEVERIA	Van MC3		
		amplication which couse							
		ANTECEDENT CAUSE		(B)	SA CONSEQUENCE OF:		MAKHORP		
		OR CONDITIONS, if the obave couse (A)		DUE TO, OR AS	A CONSEQUENCE OF:				
		NG CONDITION last.		(c)	CONGESTIVE H	EART FAILLE	E. UNKNOWN		
z	OTHERSIGN	III	ONTRIBUTING						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH SIGNIFICANT CONTRIBUTION CONTRIBU									
TIFIC		OF OPERATION 198. CO	ONDITION FOR VERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208, IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?		
CER	21A. ACCID	ENT WAS UNDERLYING	218.	PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DI	ID (If In Boltin	more City, give exoct location)		
SAL		BUTING CAUSE OF	hom etc.)	e, form, fociory, street, o	office bldg., INJURY OCCU	Ki			
	21 D. TIME OF INJURY	(Month) (Doy) (Yeo	r) (Hour) 21 E.	INJURY OCCURRED		D INJURY OCCUR?	1-11-1-11		
2	(APPROX.)		Whi	ile At Not Whi	le 🗀				
	22. I certif	fy that (1) (this hospit	ol) ottended tl	he deceased fram 12	10 AM 7/24	19 72 ta 15	155 AM 7/24 19 7		
		e) last saw the decea		magnet	•	nd that in (my) (our)	apinian death accurred an th		
	and hour a	nd fram the couses st	ated above. (I) (We) (did) (did not)	view the bady ofter dec	ath.			
	23A. SIGNAT	Robert W.	ankan	MD AH	anding D Mad 5	Shull	23B, DATE SIGNED		
			DUSTOTICE	DEGREE Phy		Staff Phys.	7/24/72		
	NAME	Robert W. As	hmore			s Hospital			
24A		REMATION, 248, DATE		AME of CEMETERY of CR		4D. LOCATION	(City, town, or county) (St		
	Cremati		72 L	oudon Park Cr	ematory	Baltimore	e, Maryland		
2SA	DATE REC'	D BY HEALTH DEPT.		OF-REGISTRAR	25C. FUNERAL DIRE		ADDRESS		
		TUT K The h	WILL SONT	LITA PAR	John J. Dud	2 7022 Wise	Ave. Dundalk Md.		
S	SO-REV. 1/1	1912 Johns	11/1/2	Della Company	John J Dud	a 7922 Wise I	Ave. Dundalk, Md		

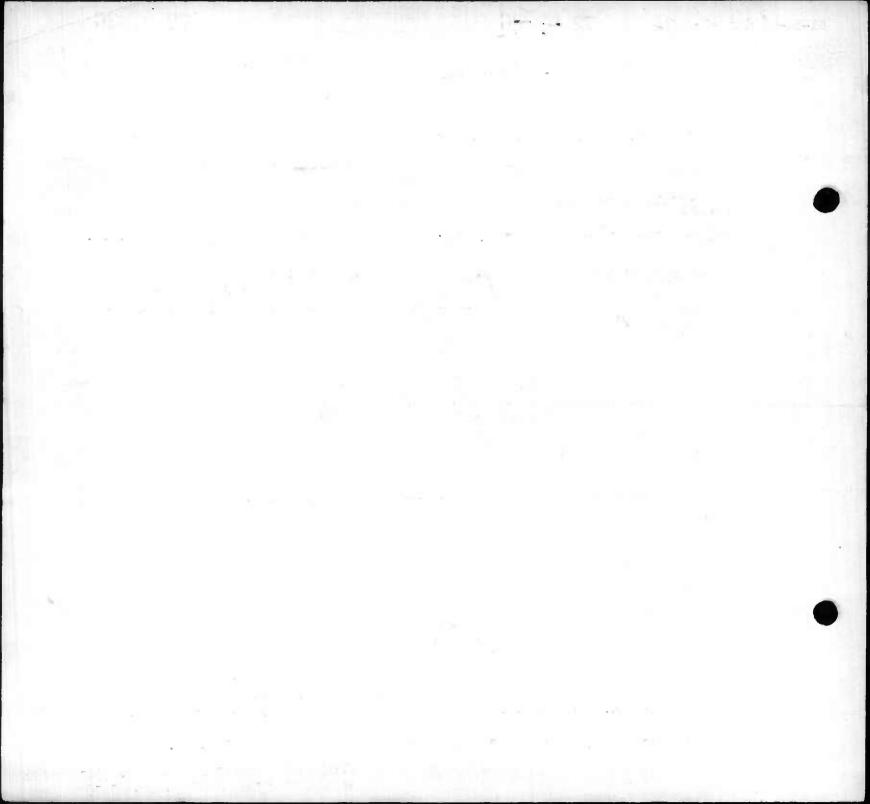
Dundalk, Md.21222

L maceful H manto - La Confident and a control of TROOTS TOTAL TOTAL Bestemb, Standard B - La Londa anny Can therefore, electrically and a general material principal at least in a residence Sign of the market of the section is the section in

BALTIMORE CITY HEALTH DEPARTMENT 72 07025 CERTIFICATE OF DEATH pital and of death OF MARYLAND-DHMH Such Deceased 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED ROBERTHRATUON July 20, 1972 3:30 PM
4. USUAL RESIDENCE (Whele deceosed lived. If institution: residence before admission) 0 hospital death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance (2) Maryland Baltimore cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? attend 9 Hamorial Hosp YES Y NO Baltimore prior E. STREET AND NUMBER contributing calvert si- Bolto. 140, 414 W. Saratoga Street regular pow 9. AGE (In years 5. SEX 6. RACE B. DATE OF BIRTH II Under 1 Yr. Months: Doys If Under 24 Hrs. 7. MARRIED NEVER MARRIED deceased Hours WIDOWED 10-18-92 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? disposition Contract Officer Civil Service Maryland
14. Mother's Maiden NAME USA 2 MOS 13. FATHER'S NAME the 4 Robert H. Rathvon Ida Davis eath 0 15. Was Deceased Ever in U. S. Armed Forces? ADDRESS niece-in-law final (Yes, no or unknown) (If yes, give wor or dates at service) SECURITY NO. attendance 218-22-0388 12804 Hathaway Dr. Yes WWI Margaret Rathvon CAUSE OF DEATH 0 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH DUE TO, OR AS A CONSEQUENCE OF (This does not meon the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which coused deoth.) 200 ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE DISEASES OR CONDITIONS, if any, giving to the abave cause (A) stating the remains UNDERLYING CONDITION last. ICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) the chief 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED O IN CERTIFYING CAUSES OF DEATH? CERTIF before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, loctory, street, office bldg., INJURY OCCUR? 6 (If in Boltimore City, give exact location) hospital MEDICAL 0 DEATH (notify medical examiner) etc.) nature; ¥ × obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY (except While At r (APPROX.) At Work and 22. I certify that (1) (this hospital) ottended the deceased from ... July & C that (1) (we) lost sow the deceased alive on Duly 8 AM 1972 pe and that In(my) (our) apinion death occurred on the date eath) hospita ond hour ond from the couses stated above. (1) (We) (did) (did not) view the body ofter death. must accident 23A. SIGNATURE 238, DATE SIGNED 0 Attending Phys. Director 40 approval 0 prior to NAME (Type O.A. eceased REMOVAL (Specify) shows: Ö 7-24-72 Glenwood Cemetery Washington 25C. FUNERAL DIRECTOR Francis J. Collins M as 258 NAME OF BEGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 500 University Blvd., W. Silver Spring, Md. VS 150-REV. 1/1/6B

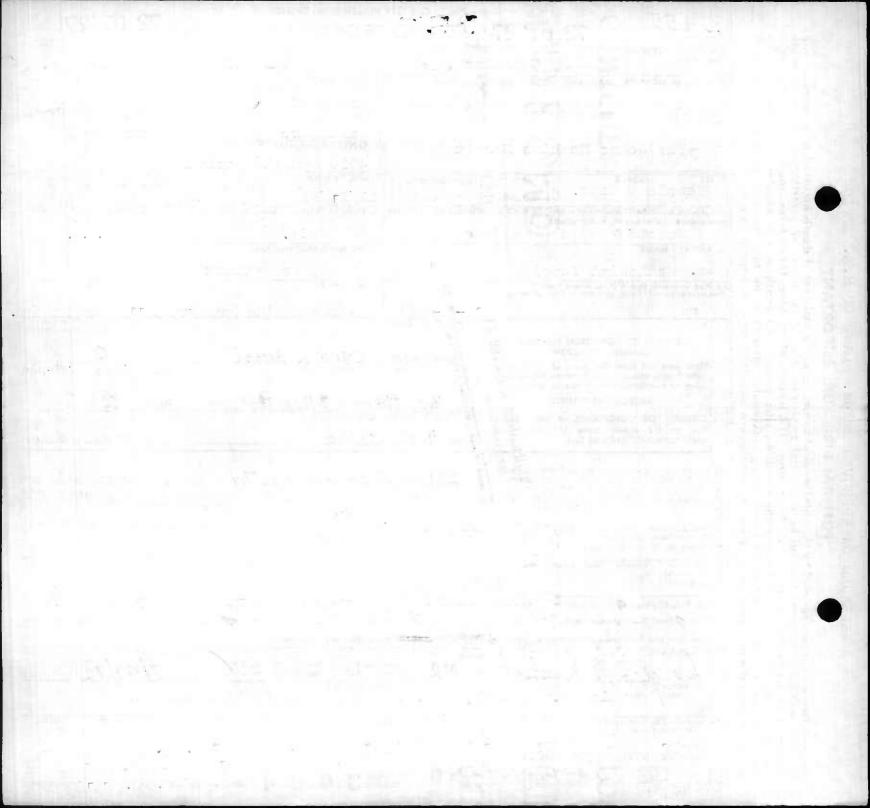
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61-54-06 djr	K-626 72 07026 BALTIMORE CITY HEALTH DEPARTMENT 72 07026
sed the octoor	BIRTH NO. CERTIFICATE OF DEATH
pital and of death Deceased te on the ath. Such	(Type or Print)
pita of Dec ath.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
hos Jse (5) an de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
ca ca to to to	4940 Eastern Avenue Baltimore, Maryland SALTIMORE YES YES YES YES TO NOT
d ca	BACTIMORE CITY HOSPINS1224 E. STREET AND NUMBER 21205
ntribu rmine egula s mad	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Days Hours Min.
th co	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of fareign country) 12. CITIZEN OF WHAT COUNTRY?
if death rect or c (4) Undet was in the dec	Mechanics helper Balto. City BALT, MARLY U.S.A. 13. FATHER'S NAME 14. MOTHER'S NAME 14. MOTHER'S NAME 15. MOTHER'S NAME 16. MOTHER'S NAME 17. MOTHER'S NAME 18. MOTHER'S NAME 18. MOTHER'S NAME 18. MOTHER'S NAME 18. MOTHER'S NAME 19. MOTHER'S NAME 19
if (4) L	THE TOTAL NAME
AN stant ind; eath aldi	George Krieger 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) [(II yes, give wor or doles al service) A SCURIT NO. 17. INFORMANT 4940 Eastern Avenuess
= .:. E v 73 0 E	no lives, give wor or dotes at services to scuring to a service to scuring to s
s ass any if the	DISEASE OF CONDITION DIRECTLY CAUSE OF DEATH RENAL FOLLOWS
ner or his a er. Also, if cture of any pronounced par attenda lbalmed or	
er o	LEADING TO DEATH (This does not meon the mode of dying, e.g., heort failure, asthenia, etc. It meons the disease, injury or complication which caused death) ANTECEPENT CAUSES LEADING TO DEATH (This does not meon the mode of dying, e.g., before the complex of the complex o
Trans and a second	1 Mulecepent Causes S. W. F. V. L. V.
× × × × × × × × × × × × × × × × × × ×	DISEASES OR CONDITIONS, If one obtain a DUE TO, OR AS A CONSEQUENCE OF
s in S	UNDERLYING CONDITION lost. (c) 440 House 109 1090 8 Has
medical medical burns; burns; physicia an was remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 (a.)
chief Body the ysici	19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 20A AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
y the ital by there (2) where No phefor	OR CONTRIBUTING CAUSE OF home, locally, street, office bldg. INJURY OCCUR?
oved be hosp raturation (6) rationed	21D. TIME (Month) (Day) (Year) (Hour 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Work 21 Work 21 Work 22 While 24 Work 24 Work 25 While 25 While 25 While 26 While 26 While 27 While 27 Work 27 While 27 Whil
approto the fany I (exc	22. 1 certify that (1) (this haspital) attended the deceased from 1/23 1922 to 7/23 19
B 24 - 0 8	that (i) (we) last saw the deceased alive on 7/12/7= 19 71 and that in (my) (aur) apinion death accurred an the date
ist be cased the dent of ospital death) must b	and have and from the causes stated abave. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE.
must eleas ccide a hos to de	Keelward & Arlyn M. 9 Attending Med. Staff Director Phys.
0 - 8 - 5 >	23C. PHYSICIAN'S NAME (Type) Bartenitore City Hospitals
	Richard L. Sylvan, M.D. 4940 Eastern Avenue Baltimore, Maryland 21224 24A. BURIAL CREMATION, 24B. DATE 24C.NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State)
Sody 75: (1) 0.0 0.0 16n	REMOVAL (Specify) Burial 7/27/72 Holy Redeemer Cemetery Balto. Md.
	25A, DATE RECO BY HEALTH DAYS. 25B, NAME OF REGISTRAR 25C. EUNERAL DIRECTOR Homes, Inc. 3331 Brehms
	VS 150-REV. 1/1/68 Lane, Balte, Md. 21213

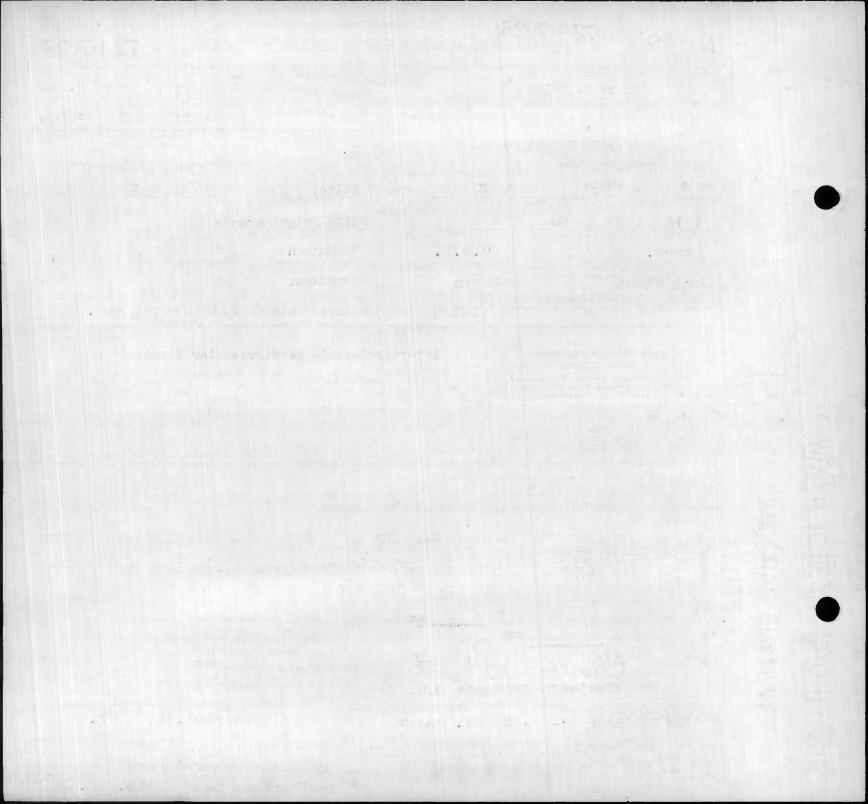


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

BA! TIMORE CIT	Y HEALTH DEPARTMENT	
DIKITI NO.	ATE OF DEATH REG. NO. 72	07027 (ARYLAND-DHM)
(Type or Pánt) BORMAN, Cornelia Jane	2, DATE AND HOUR OF DEATH 7/23/72	9:30 p. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, il institution:	residence belose admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland D. INSIDE CITY	2643 LIMITS?
	Baltimore YES K	k NO
33 The Johns Hopkins Hospital	4036 Lyndale Avenue	
5. SEX Female Cauc. 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE Un years (I Und Months) 11/21/92 79	er 1 Yr. II Under 24 His. Days Hours Min.
done during most of working life, even if retired) housewife at home	Y 11. BIRTHFLACE (Stole or foreign country) Md.	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	U S D S A S
Wm. Nathaniel Topping	Olivia Bennett	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give war or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no 21-5-42-7869	James Topping (brother) 367	7 Edmondson Ave
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Heat Stroke	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the mode of dylng, exhibiting the factor of the complete o	AUSE CATCHIAC ATTES L A CONSEQUENCE OF: hyper	hours - unknown
	don 11 th	(1)
DISEASES OR CONDITIONS, If any, and Due 10, OR A	hermia + Hypothermia hypo	60 min
ise to the above cause (A) stating the CONDITION last.		nours -unknown
I IDISEASE OR CONDITION GIVEN IN PART I (AT ≤ 16	otion Coagulopathy	hours - unknown
198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDING IN CERTIFING CAUSES OF	S CONSIDERED DEATH?
OR CONTRIBUTING TICALISE OF Thomas forms forton, street	in or obout 21 C. WHERE DID office bidg., INJURY OCCUR?	lve exact facation)
DEATH (notily medical examined / etc.) 21D. TIME IMOnth) (Doy) (Yead (Hous) 21E, INJURY OCCURRED While At Not Will At Work At Work		
22. I certify that (1) (this hospital) attended the deceased fram	7-23 19 72 to 7	1-23 1972
that (M (we) last saw the deceased alive an 7-3	23 19 72 and that in (our) apinion de	ath accurred on the date
and hour and from the causes stated above. ((We) (did)		
23A-ANGNATURE	· · · · · · · · · · · · · · · · · · ·	ATE SIGNED
Lougher & Leutsch MD DEGREE PH	tending Med. Staff 7/	13/71
23C.PHYSICAN'S NAME NIT Douglas J. Deutsch, M.D.	23D. ADDRESS The Johns Hopkins Hospit	al
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CE		or county) (State)
Burial 7/27/72 Baltimore Natio	onal Cemetery Balto. Md.	ADDRESS
UL 27 1972 Frdrey Whorton	Schimunek Funeral Homes, In	c. 3331 Brehms
VS 150-REV. 1/1/68	- U U I I I I I I I I I I I I I I I I I	u. 21213



B-425	72 O	7028 DICAL	STATE OF MARYL BALTIMORE CITY HE EXAMINER'S C			DEAT	H _{reg. no}	72 07	028_
1. NAME OF DEC		4 4		2. DATE OF	Known 🔲	Month	Doy	Yeor Hour	
	Steve P. Ba		CONCUNCED DEAD	DEATH 3. DATE	Estimoted [Month	21 Doy	72: Yeor Hour	М.
FULL NAME OF	(IF NOT IN HOSPI	AL OR INS	TITUTION, GIVE STREET		JNCED DEAD	7	21	72 8:	
HOSPITAL OR INSTITUTION	5138 Wri		zenue .	5. USUAL R A. STATE Md.	ESIDENCE (When	e deceosed li	ed. If institution B. COUNTY	residence before	odmission)
6. SEX	7. RACE	8. MARE	TIED NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CI	TY LIMITS?	
male	White	WIDOV		Ba1	to.		YE	s 🗵 NO 🗆	1
9. DATE OF BIRT 7 16	1892 10. AGE (lost birthd)	In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	E. STREET	ND NUMBER S Wright	Avenue			
Czech.			12. CITIZEN OF WHAT COUNTRY?	13. FATHER Un	s NAME			trin,	
done during most pt.	JPATION (Give kind of wor working life, even if retired NET	U U	OF BUSINESS OR INDUSTRY		r's maiden na Cnown	ME			
16. WAS DECEAS (Yes, no or unknown	(If yes, give Nor dote:	D FORCE	17. SOCIAL 194 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Andr	want ew Balko	513		ht Ave.	
(This does report foilure injury or continuer or continue	SE OR CONDITION DIR LEADING TO DEATH not meon the mode of de, osthenio, etc. It meons the mplicotion which coused de NTECEDENT CAUSES OR CONDITIONS, IF AN E ABOVE CAUSE (A) ST, NG CONDITION LAST.	ying, e.g., e diseose, eoth.) IY, GIVING ATING THE	(A)IMMEDIATE C DUE TO, OR A (B) DUE TO, OR (C)			ovascu	lar dise	ase	
1//	R CONDITION GIVEN IN	PART 1 (A)		AS PERFORA	RED			21. AUTOPSY?	(Yes or No)
UNDERLYING UTING CA	RNAL CAUSE WAS G OR CONTRIB- AUSE OF DEATH. (Month) (Doy) (Yes	or) (Hou	WHILE AT NOT	e bldg., etc.)	22C. WHERE DID NJURY OCCUR? 22F. HOW DID IN		-71	ct location)	
I cert	URE Charles S	uses X		le H	ond that an a omicide C CHIEF MEDICAL STANT MEDICAL	Undetermi EXAMINER EXAMINER	ned monner [signed /72
24A BURIAL CRE	MATION 24B. DATE	22-7	2 St. Marys	or CREMATO	DRY 24D.	Brown	sville	n, or county)	(Stole)
29A-DATE REC'D	BY HEALTH DEPT.	25B. N	IAME OF REGISTRAR	25C.	FUNERAL DIRECT	OR	А	DDRESS	
111 27	977 Diely	ger ba	Partons		Schimung				
VS 151-REV. 1/1/6	8	71 7	1,0	0	3331 Bre	hms L	ane Ba	ltp. Md.	21213



24C. NAME of CEMETERY or CREMATORY

Mt. Maria Cemetery

258, NAME OF REGISTRAR

24D. LOCATION (City, town, or county)

Balto. Md.

25c. FUNERAL DIRECTOR ADDRESS
Schimunek Funeral Homes, Inc. 3331 Brehms

24A. BURIAL CREMATION.

25A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)

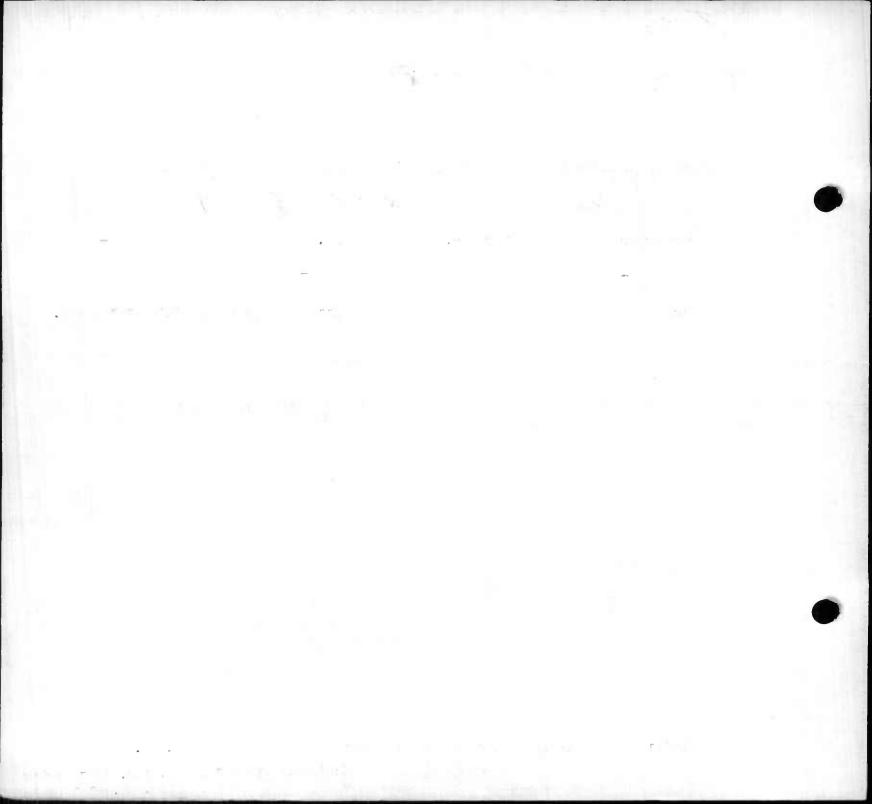
Buria

VS 151-REV, 1/1/68

248. DATE

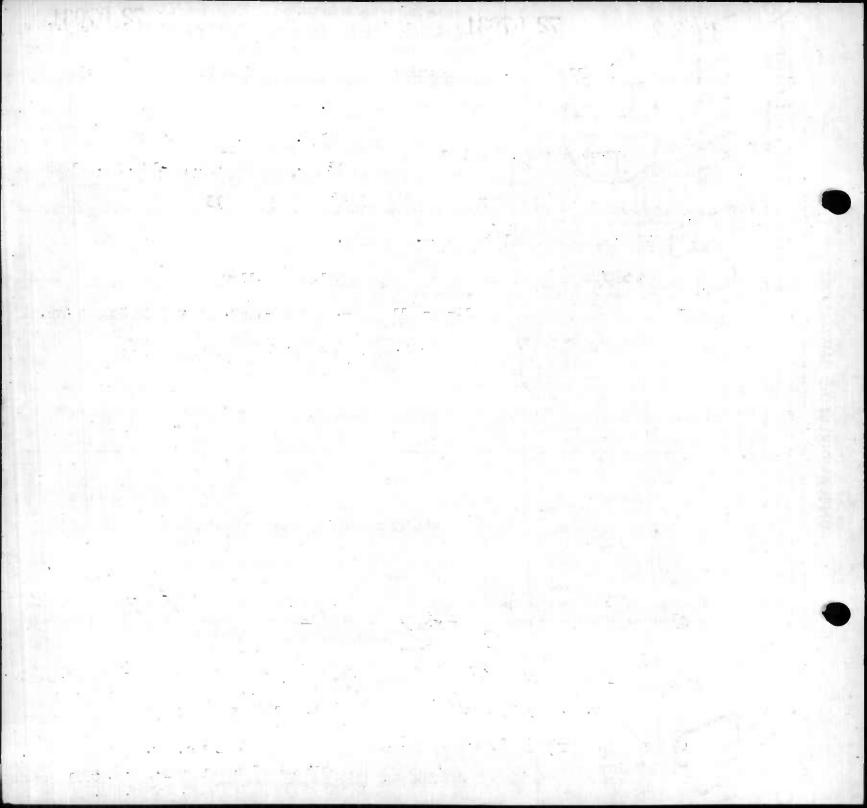
This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. VS 150-REV, 1/1/68

-	7 220		Y HEALTH DEPARTMENT	72 67024
Bi	7207	030 CERTIFICA	TE OF DEATH REGINATION	E OF MARYLAND-DHMH
	NAME OF DECEASED	n > 1/c	2. DATE AND HOUR OF DEATH	1 -/
3	PLACE IN BALTIMORE, MARYLAND, WHERE PL	4DUS ESTELI		930 H M.
"			4. USUAL RESIDENCE (Where deceased lived. If	institution residence before odmission)
H	OSPITAL OR ADDRESS OR LOCATION	NSTITUTION, GIVE STREET	MV.	2643
l in	STITUTION		130 1 to - a Wall	SIDE CITY LIMITS?
	2	, 18	E. STREET AND NUMBER	YES K NO
1	70/1	ospita/	3633 E/M/ey A	ve.
5.	SEX 6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE IIn years lost birthday)	II Under 1 Yr. II Under 24 Hrs. Months: Doys Hours Min.
10/	WiDO		01/24/25 /7	Tools /Ville
dor	LUSUAL OCCUPATION (Give kind of work 108, KIN during most of working life, even if refired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE State or foreign country!	12. CITIZEN OF WHAT COUNTRY?
12	Inspector Kor	pers Co.	Md.	-
11.3.	FAIRER'S NAME		14. MOTHER'S MAIDEN NAME	
16			-	
ΙΫ́e	Was Deceased Ever in U. S. Armed Farces? s,no or unknown! Ilf yes, give wor or dotes of serv	icet SECURITY NO.	17. INFORMANT	ADDRESS
	no		William Zukas (son) 3	646 Emley Ave.
	18. 156.01	CAUSE OF DEAT	H	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the disc	e.g., (A) IMMEDIATE CAL	ISE Cardio-pulmonary failure A CONSEQUENCE OF:	- 5 min.
	injusy or camplication which caused deoth.)	rase,	O	
	ANTECEDENT CAUSES	(B) Carcinoma	of Gall bladder with metasta	sis Itwar
	DISEASES OR CONDITIONS, if any, ginse to the above couse (A) sloting	ving DUE TO, OR AS	A CONSEQUENCE OF: to liver	12
	UNDERLYING CONDITION lost.	(C)	70 3000	
z	II			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMI	NG NAL		
CA	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B, IF YES, WERE	FINDINGS CONSIDERED
CERTIFIC	WAS PERFORMED		IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
1	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, larm, foctory, street, of	or about 21 C. WHERE DID (If In Baltima	re City, give exact location)
5	DEATH (notify medical examiner)	etc.)		
MEDI	21D. TIME IMonth) IDoy) IYeor) IHour	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	(APPROXI	While At At Work	· 🗆 🚶	
	22. I certify that (1) (this hospital) attend		06/03 19 72 to	7-24 19 72
1 1	that (1) (we) lost saw the deceased alive		4 19 72 and that in (my) (aur) api	nian death occurred an the date
	ond hour and fram the causes stated abov	e. (1) (We) (d1d) (d1d nat) vi	ew the body ofter death.	
	23A. SIGNATURE	A40.	iding Med. Shaff	23B. DATE SIGNED
	23C. PHYSICIAN'S	DEGREE Phys.	Director L. Phys. L.	July 24, 1972
	NAME IType)		3D. ADDRESS	
24A	DY SOMETHE VAMVANIE 1246	M.D. DEGREE	MATORY	
	REMOVAL (Specify)			ty, town, or county) (Stole)
25A	Burial 7/27/72 DATE REC'D BY HEALTH DEPW 258, NAM	Loudon Park Cem		. Md.
	1111 27 1079 Xtickey 1	Modows	Schimunek Funeral Home:	5. Inc. 3337 Brohms



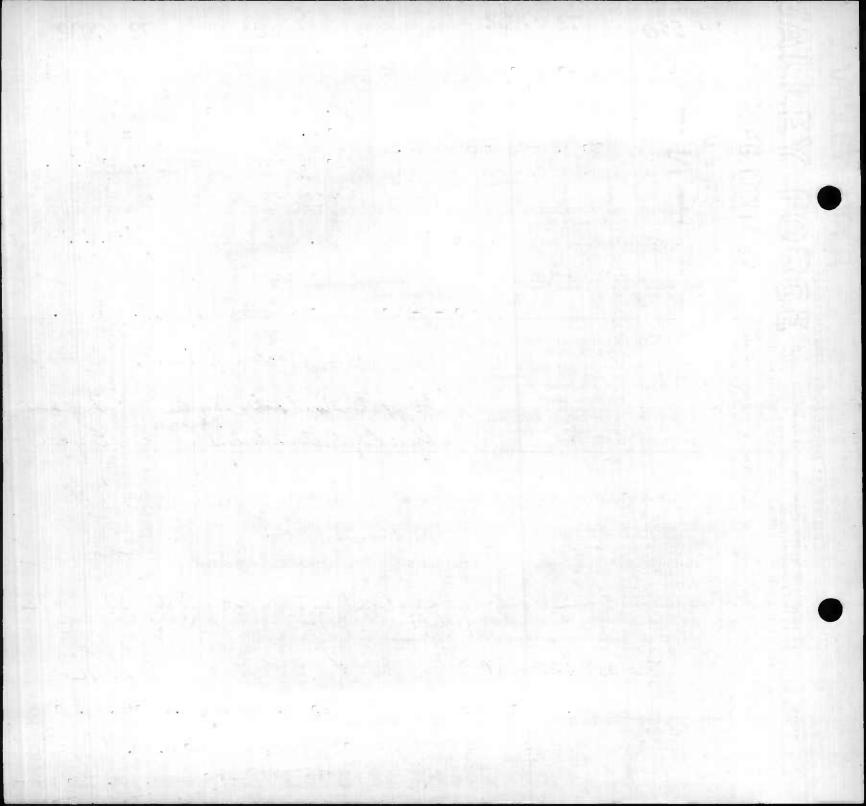
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

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Church Home and Hospital Salt Sa	HOSPITAL OR ADDRESS OR LOCATION)	on to divide	C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
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TO 277-09-7977 Wm. Mackabee, Jr. (son) 39.39 Kenyon Ave. CAUSE OF DEATH	15. Was Deceased Ever in U. S. Armed Forces?		17. INFORMANT		ADDRESS
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DIETAR 7/0//70 Date	24A. BURIAL CREMATION, 24B. DATE 24				ity, town, or county) (Stote)
1 BURLAL 1/196/19 Baltimone Cometows		73			
25A. DAJE REC'D RY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	BURIAL 7/26/72	Baltimore Cemet			Md. ADDRESS
JUL 27 1972 Sidney for Schimmek Funeral Homes, Inc. 3331 Brehms	JUI 27 1972 To Law	Andrakan.			
vs 150-REV. 1/1/68 Lane, Balto. Md.	VS 150-REV. 1/1/68	Livin Alba and	1345	Lane.	Balto, Md



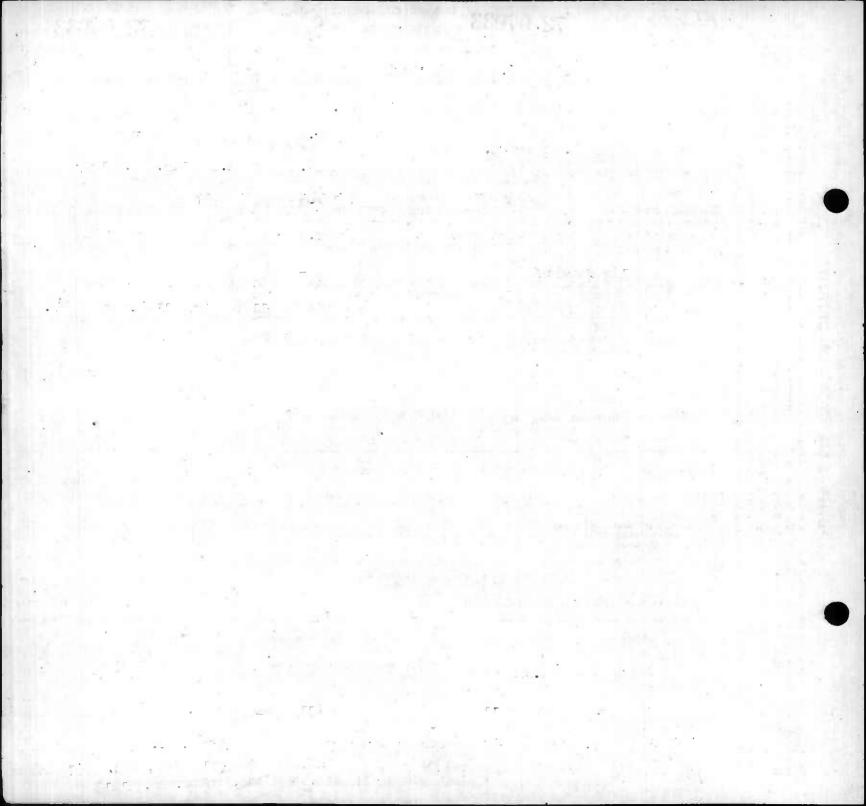
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4-550	12	07032	CERTIFICA	TE OF DEATH	REG. NO	72 07032
NAME OF DE	CEASED			2. DATE ANI	D HOUR OF DEATH	0
ype or rinii	Mabel	(Mable) M	larie Haman	*	7/23/72	17 1
PLACE IN BA	LTIMORE MARYLAND, V	WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUN		institution: residence before admission
ULL NAME OF	(IF NOT IN HOSPI	TAL OR INSTITU	TION, GIVE STREET	Md.		60 3
STITUTION	ADDRESS OR LOC	A TION)		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
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00	221 N. 1	Patter son	Park Ave.	E. STREET AND NUMBER	Deal A	Doll Ma
						Ive., Balto. Md.
SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	ost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months; Doys Hours; Min.
F	W	WIDOWED		7/23/72 •	68	
	CUPATION (Give kind of wo I working life, even if retired)		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY
house		at h	ome	Md.		U.S.A.
FATHER'S NA		201.	Olio	14. MOTHER'S MAIDEN NAM	AE .	V101/1
	2.11	,		4 20		
	Morris Parri: d Ever in U. S. Armed Fo		6. SOCIAL	Anna McDay	•	ADDRESS
es, no or unknow	n) (If yes, give wor or do	tes of service)	SECURITY NO.			
no			21.9-03-4287	Charles Haman	n (son) 2	73 S. East Ave.
1B. // / 2	. 2 1		CAUSE OF DEATI	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEA	SE OR CONDITION D	IRECTLY				
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	, osthenio, etc. It meon		50E 10, 0K 76	CONTRACTOR OF		
injury or co	mplication which cause	d death.)	11	.1 . 0 1		A
	ANTECEDENT CAUSE	S	(B) Herry	tensive Card	4 Varales	Lycais
DISEASES	OR CONDITIONS, if	any, giving	DUE TO OR AS	A CONSEQUENCE OF:	Disco	
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UNDERLIN	IG CONDITION last.		(C) YUNDU	and was a	1313	- Lange
	11		V			
	IFICANT CONDITIONS CO					
DISEASE OR	CONDITION GIVEN IN PA	ART 1 (A).		T00 4	000 15 (5-5	
DISEASE OR 19A. DATE O	F OPERATION 198. CO	NDITION FOR W	HICH OPERATION	20 A. AUTOPSY? (Yes or No)	IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
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OR CONTRIB	ENT WAS UNDERLYING	home	PLACE OF INJURY (e.g., i e, form, foctory, street, of	fice bldg., INJURY OCCUR?	(If in Boltime	ore City, give exoct location)
)	ly medical examiner)	etc.)				
21 D. TIME	(Month) (Doy) (Yeor) (Hour) 21E.	INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
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	man 1 Ko	un m	Atte	nding Med.	Staff	17/25/2
	Tull 14.	-VIC 111	DEGREE Phy	Director L	Phys. L	11/2/12
23C. PHYSICI	AN'S (Type)			23D. ADDRESS		
117176		srael Ros	sen	2173 E. Mon	nument St.	Barto. Md. 27205
4A. BURIAL CR			ME of CEMETERY OF CRE			City, town, or county) (Stote)
REMOVAL	(Specify)	1				
BURIA	1 1 1			onal Cemetery	Balto	o. Md.
5A. DATE REC'	D BY HEALTH DERT	DED MARKE O	F DECICEDAD	25C. FUNERAL DIRECTOR		
111 117 2		25B. NAME O				ADDRESS
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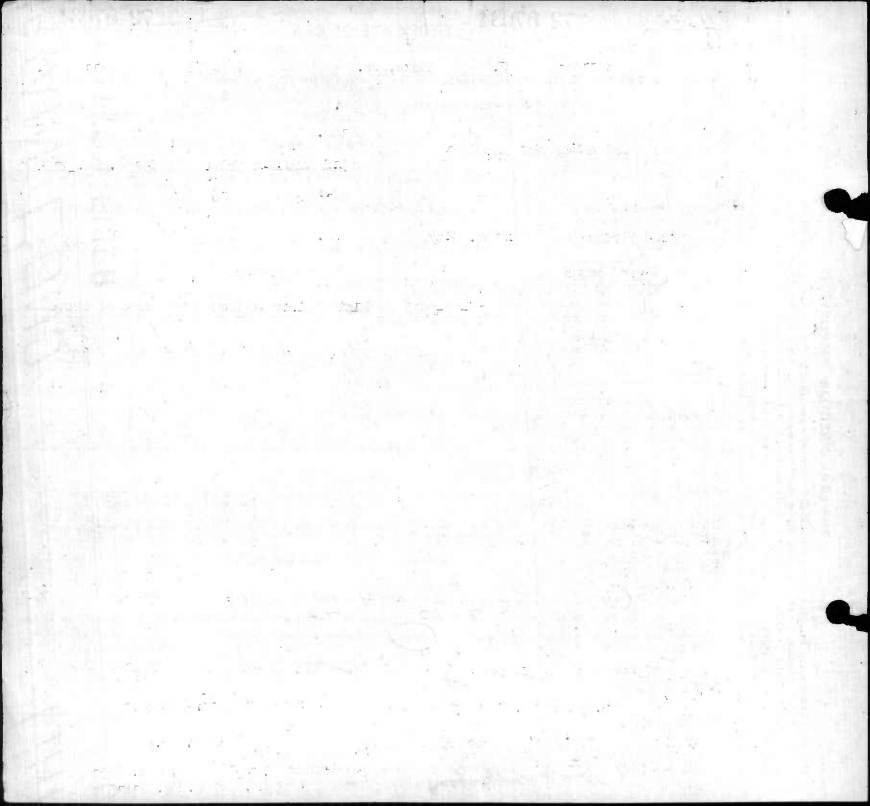
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0	BALTIMORE CITY	HEALTH DEPARTMENT		
G-620 72 0703		TE OF DEATH	REG. NO.	72 07033
I. NAME OF DECEASED		2. DATE AN	ND HOUR OF DEATH	MARYLAND-DHMH
(Type or Print) Sophia I.	Gorecki		7/22/72	1 / 29 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOL		4. USUAL RESIDENCE (Whe	re deceased lived. If ins	titution: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITU	JTION, GIVE STREET	Md.		702
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSID	DE CITY LIMITS?
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2528 E. Eager St.		E. STREET AND NUMBER		
		2528 E. Eage	r St. Balto	. Md. 21 205
S. SEX 6. RACE 7. MARRIED WIDOWED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 7/75/05	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	homo	Penna.		USA
housewife at	home	14. MOTHER'S MAIDEN NA	MF	UJA
		William S Majorit (A)		
Felix Stawicki		one)		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17- INFORMANT		ADDRESS
no		Marie Duval	1 (dghtr) 81	1 Stagshead Rd.
18.9 5 () 0	CAUSE OF DEAT			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	P()/	MONARY	EDEL	BETWEEN ONSET AND DEATH
LEADING TO DEATH		1		L HOURS
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS	JSE A CONSEQUENCE OF:		- 1/6
injury or complication which caused death.)	AS-	HEART DI	'SSASE	2 Y EATES
ANTECEDENT CAUSES	1.4 (3	110.4101		
DISEASES OR CONDITIONS, if ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the above couse (A) stating the	N	ARCTEC A	1 ELLITU	10 Y EADE
UNDERLYING CONDITION last.	(c) /	M (O) (()		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	STAG	SHORN REA	VAL CARC	ULUS 15 YEAR
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1	VHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FI	INDINGS CONSIDERED USES OF DEATH?
		n or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF hom etc.)		ffice bldg., INJURY OCCUR?		
D 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E.	INJURY OCCURRED	21F. HOW DID INJ	UNY OCCUM	
S OF INJURY	le At Not While		OKY OCCUR:	
(APPROX.)	k L At Work		para.	the same of
22. I certify that (1) (this hospital) attended th	ne deceased from	**************************************	19 3 0 to	19/2,
that (1) (we) lost saw the deceased alive an	7/17	19 7 2 and th	nat in (my) (our) apin	ion death occurred on the date
and hour and from the couses stated above. (I			, , , , , , , , , , , , , , , , , ,	
23A. SIGNATURE	/ (we) (did /(did hor) V	riew the body offer deofn.		23B, DATE SIGNED
Cobut Duri	Atte	ending Med.	Staff Phys.	7/24/72
23C.PHYSICIAN'S NAME (Type)		23D. ADDRESS		/ t
Dr. Robert Duvall	OEGREE	8T7 Stag	sHead Rd.	
24A. BURIAL CREMATION, 24B. DATE 24C. NA	ME of CEMETERY OF CRI			y, town, or county) (Stote)
BURIAL 7/25/72 Ho	Tre Podomor O	omo t omar	Dort a M.	a a
25A. DATE REC'D BY HEALTH DEPT 25B. NAME OF	ly Redeemer C	DISC FILMITRAL DIRECTOR	Barto. Mo	ADDRECC
JUL 27 1972 Dedrug Mil	word	Schimunek	Funeral Home	s, Inc. 3331 Brehms
VS 150-REV. 1/1/68	100	0 0 0 0	, , , , , , ,	ia. 21213



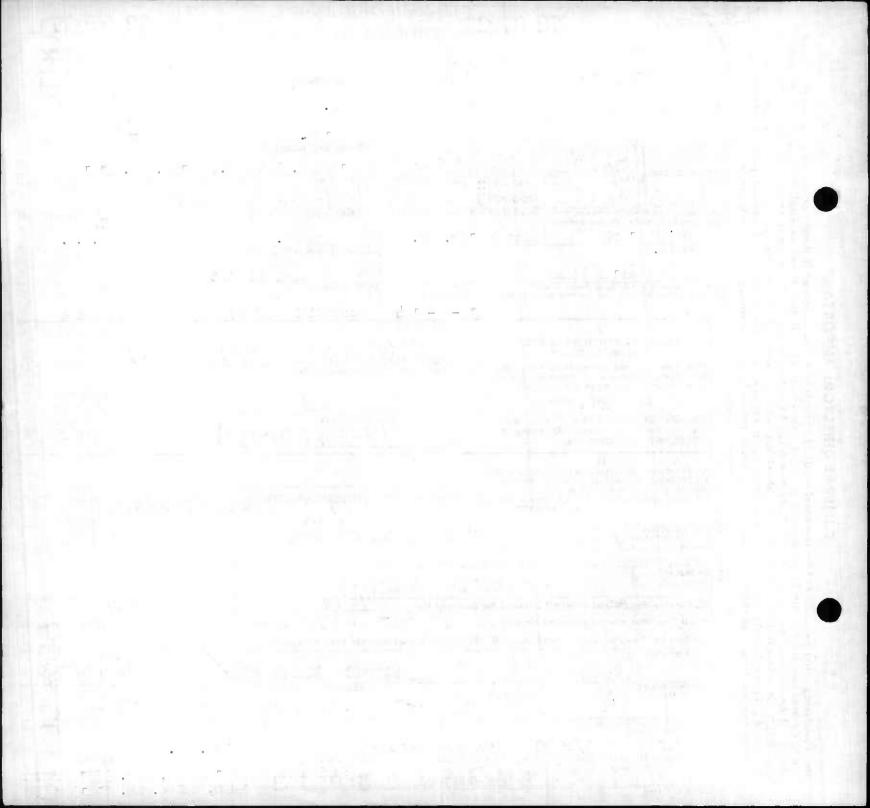
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

1		04024	BALTIMORE CITY	HEALTH DEPARTMENT		72 07034
H-35	2 12	07034	CERTIFICA	TE OF DEATH	REG. NO.	1.001
SIRTH NO.	CEACED		CERTIFICA		STATE C	E MARYLAND-DHMH
Type or Print)	William	C.	Adoma		7/00/70	1
3. PLACE IN IL	ALTIMORE, MARYLAND,	WHERE PRONOUR	Adams,	4. USUAL RESIDENCE (W	here deceased lived. If	institution: residence before admission
A TEACE III D	THE MARKET OF	WITERE TROTTOGE	ICLD DEAD	A. STATE B. COL	YINTY	> /113
FULL NAME O	F (IF NOT IN HOSP ADDRESS OR LOG	TAL OR INSTITUT	ION, GIVE STREET	Md.		01644
NOITUTITZN	ADDRESS ON EOU			C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
1 1 1				Balto.		YES K NO
	Union Memo	orial Hos	oital		2 - 72 - 1	D = 1 2/1 0= 00/
SEX	6. RACE	7	1	1372 Parksi	9. AGE (In years	Baito. Md. 21206
JEA			NEVER MARRIED	0/= 9/05	last birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
M A USUAL OC	CUBATION (Give hind of we	WIDOWED 2		11. BIRTHPLACE (State or fo	86	12, CITIZEN OF WHAT COUNTR
	of working fite, even if retired		ONINERS OF IMPORISE	III. BIRTHPLACE (Store of to	oreign country/	12. CHIZEN OF WHAT COUNTR
Retire	ed Fireman	Barto	. City	Md.		USA
FATHER'S N	AME			14. MOTHER'S MAIDEN N	AME	
T	Edward Adams			Mary Main	ater	
. Wos Deceos	ed Ever in U. S. Armed F.		6. SOCIAL	17. INFORMANT	.5 001	ADDRESS
	vn) (If yes, give wor or do	tes of service)	SECURITY NO.	Finio Maidan	(dahtm)	anno ac alama
no		2	8-26-2534 CAUSE OF DEAT	Elsie Weider	(agntr)	same as above
UNDERLYII	the above couse (A'NG CONDITION last.		(c)			
TO THE DE	IFICANT CONDITIONS C	THE TERMINAL				
	OF OPERATION 198. CO		HICH OPERATION	20 A. AUTOPSY? (Yes or	Nol 208, IF YES, WERE	FINDINGS CONSIDERED
19A. DATE		RFORMED			IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
21 A. ACCID	ENT WAS UNDERLYING	21B, P	LACE OF INJURY (e.g.,	n or obout 21 C. WHERE DID	(If in Boltime	ore City, give exoct location)
DEATH (not	ify medical examiner	home,	form, foctory, street, o	ffice bldg., INJURY OCCUR?		
21 D. TIME	(Month) (Doy) (Yeor) (Hour) 21E. I	NJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
21 D. TIME OF INJURY		While	At Not Whi	e 🗂	NOW TO COOK.	
	-	Work	A1 Work		100	
	y tho (1) This haspite			4-11	19 67 to	7-10 19 (3
that (I) (w	e) last saw the deceas	sed olive an	1-10	19 7 2 and	that in (my) (aur) ap	inian deoth accurred an the da
and hour o	nd from the causes st	ated above. (1)	(We) (did) (did not))	view the bady after death	١.	
23A. SIGNA	THE	1	1			23 B, DATE SIGNED
1	1 nuisx	PRRIE	Phy	ending Med.	5toff Phys.	7-24-72
23 PHYSIC NAME	IAN'S	Caro.	GEGREE	23D. ADDRESS	,	
NAME	-	- V 0		TT *	Manager TT	
A. BURIAL CI	Pr. Franc	is X. Car	MOCLY GEGREE		Memorial Ho	OSPITAT City, town, or county) (Stote)
REMOVAL	(Specify)		TE ST SEIVIETERS OF CR	240.		
BURLA			rkwood Cemet		Barto. 1	
DAL DATE REC	1072	258. NAME OF	REGISTRAR	Sahimunola Fa		ADDRESS
שטנ או	ISIC PORO	MANA	-K	O STATE OF THE PARTY OF THE PAR	Heral Homes	Inc. 3331 Brehms
'S 150-REV. 1/1	/6B	1		3,1	he, Baito. N	a. 21213



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

-	1-20	jest)	0 0	YOU BA	LTIMORE CITY	Y HEALT	H DEPARTMEN	IT.		MO	AMOR	pur
1	RTH NO.		20	/U35 CI	ERTIFICA	TEC	OF DEAT	H R	EG. NO	12	0703	5
1.1	NAME OF DEC	EASED . /	7	<u> </u>			12. DA1	E AND HOUR	STATE	E MAR	TLANDER	12884
(T)	pe or Print)	-01115	V	Fink				17-2	1-7	21	T CK	PE
3.	PLACE IN BAL	TIMORE MARYLAND, W	HERE PRO	NOUNCED D	ÈAD	A. STA	AL RESIDENCE	(Where decease	ed lived. If ins	titution: res	idence before	odmission)
FL	ILL NAME OF	IT NOT IN HOSPIT	AL OR IN	STITUTION CI	VE STREET		Md.	.001111			91	22
H	STITUTION	ADDRESS OR LOCA	TION)	Jillolloll, G	AF SIKEEL		ORTOWN		D. INSID	DE CITY LIM	AITS?	-
		۸۸					Balto.			YES 🔀	NO [1
	31	Moony		200.1	01	E. STR	EET AND NUMB	ER				-
		TIELL 9		W11	nh		7302 ₺.	35th St.	. Barto	Md.	27278	
5.	SEX	6. RACE	7. MARR	IED NEVER	MARRIED	8. DATE	OF BIRTH	9. AGE (I	n years	If Under	1 Yr. If Un Doys Hours	der 24 Hrs.
-	MALE	MHIIC	WIDOV		DIVORCED [/-	1-06		00			
		IPATION (Give kind of wark vorking life, even if retired)	108. KIND	OF BUSINESS	OR INDUSTRY	11. BIRT	HPLACE (State o	r fareign country)	12. CITIZE	N OF WHAT	COUNTRY
		Clerk	Gas	& Elec.	. Co.	10	Md.				U.S.A	
13.	FATHER'S NAM	AE			The second	14. MO	THER'S MAIDEN				0.0.1	•
	(Charles Fink					Anne	a Schmid	L			
15	Was Deceased	Ever in U. S. Armed Fore	ces?	16. SOCI	AL	17. INFO	PRMANT	a DGIMILO	U		ADDRESS	
116	no	or yes, give war or date:	z or żeryk		RITY NO.	3.6 -	- D. 1	1 10 1				
-	110				USE OF DEAT	ма	ry Fink	(wife)			APPROXIMATE	
	410	E OR CONDITION DIR	ECTIV		001/						TWEEN ONSET	
		LEADING TO DEATH			1/1/	CA	POIAL	IN	FARCT	101		
	(This does no	of mean the mode of asthenia, etc. It means	dying,	L.C	DUE TO, OR AS	A CONSE	QUENCE OF:		111001	1010		
	injury or com	plication which caused	death.)	28 C)	.0							
	A	ANTECEDENT CAUSES				-50	UD				YR	5
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS, A CONSEQUENCE OF:											
	UNDERLYING	rise to the above cause (A) stating the UNDERLYING CONDITION last.				4P	ER181	JSIA N			YR.	5.
		11		(0)							************	
NO	OTHER SIGNIFI	CANT CONDITIONS CON	ATRIBUTIN	1G								
ATT		BUT NOT RELATED TO THE		AL	************							***************************************
FIC		OPERATION 198 CONI	DITION FO	OR WHICH OP	ERATION	20A.	AUTOPST? (Yes		YES, WERE FI	NDINGS C	ONSIDERED	
CERTIFICATION	0					^	Les		IIIIII CAU	363 01 06	Ain:	
	OR CONTRIBU	TWAS UNDERLYING		home, farm, fo	FINJURY (e.g., in actory, street, of	fice bldg.	21C. WHERE DI	D (f In Baltimare	City, give	exoct location)	
CA	DEATH (notify	medical examined	0.00	etc.)								
MEDICAL	OF INJURY	(Month) (Day) (Year)	(Hour)	21E INJURY C	CCURRED		21F. HOW DID	INJURT OCC	U R?			
2	(APPROX.)			While At Wark	Not While							
	22. I certify	that Affithis hospital)	ottende	d the deceas	ed from	11-	14	10 77	to	7-	7/ 1	972
		last saw the decease			7-21-	7 19	772 00	d that In (rig)	(our) onlai	on death	accurad a	
		from the couses state		r	A) (AAAAX .	law the			(out) opini	dii dediii	accorreg a	i the dote
	23A. SIGNATU	RE ///	1/1	11/1/19	u) (a)ayılar) v	iew ine	bady affer dec	TINe .	1	238, DATE	SIGNED .	
		16	- UX			nding	Med. Director	Shoff Phys.		7/	mi	72
	23C.PHYSICIAN NAME (Ty	rs on O			DEGREE	23D. ADD		7.1.7.1.	//			1
		CLAUDI	115	KI	Int		MEDI	10	HASK	ITA	1	
244	BURIAL CREA	ATION, 1248, DATE		NAME of CE	METERY OF CRE	MATORY	111000	D. LOCATION	(City,	lown, or o	county)	(Stote)
	BURIAI,		72	Dowless	d Co							
25A			258. NAM	Parkwoo LE OF REGISTR	d Cemete		FUNERAL DIREC		o. Md.		ADDRESS	
	.1111 27	1079	will A	rish M	200		Schimunek		Homes.	Inc.		Brehme
VS	150-REV. 1/1/6	17/2 /0/40	1/1/2	W/ 40-1/18		-U			Bal ba			of Cilling
			- 1									

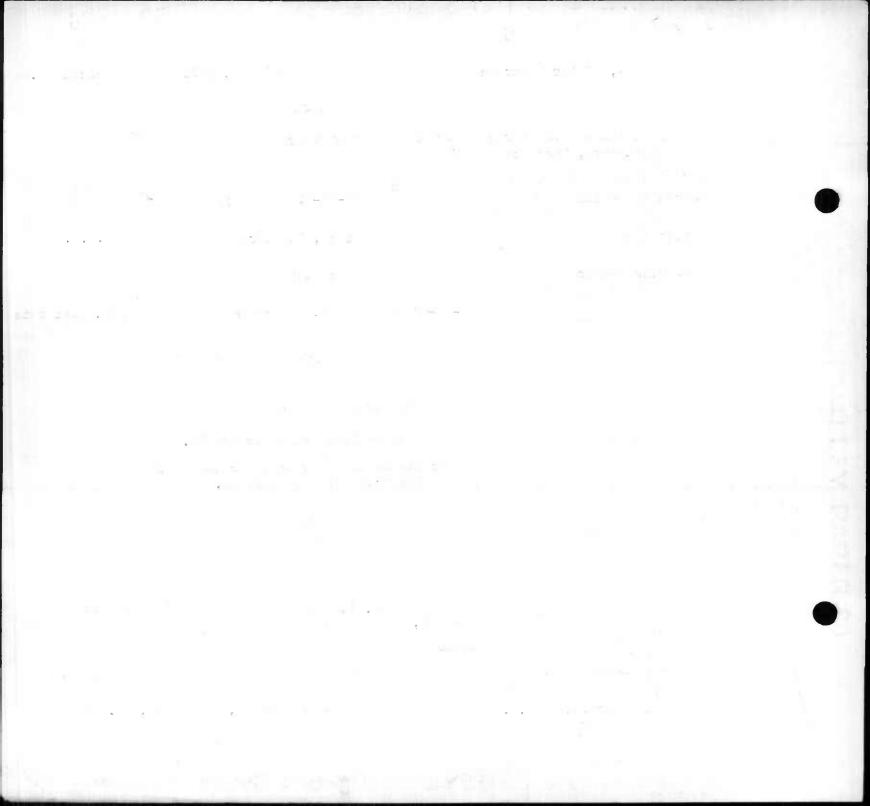


the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT 72 07036 72 07036 CERTIFICATE OF DEATH

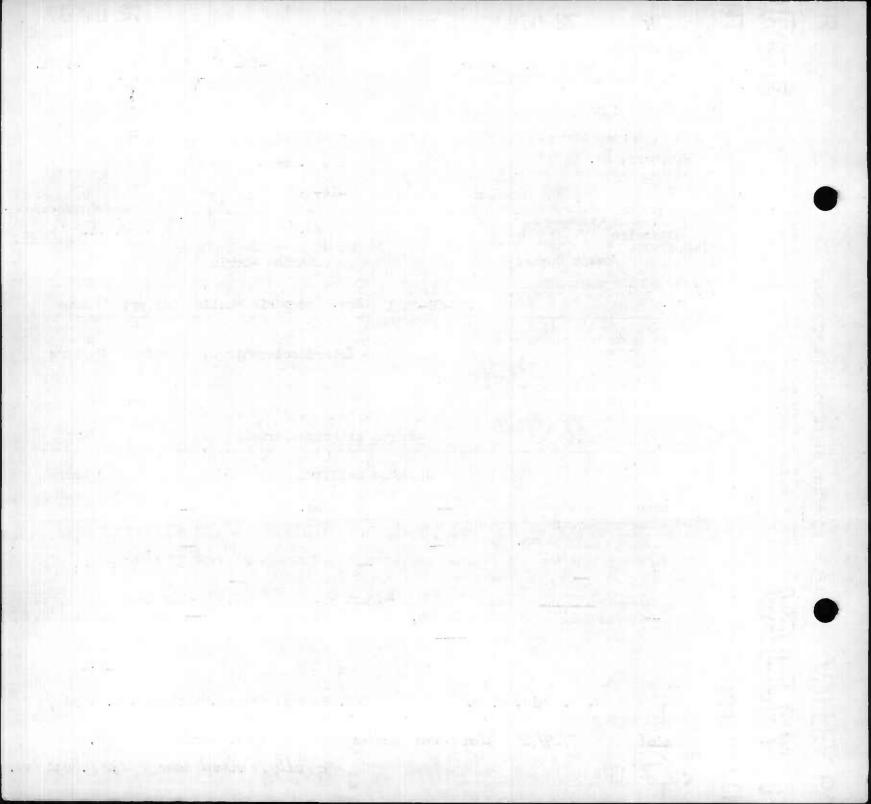
DIKIT NO.			PITTE	DE WELLIN	ナバカープログ	ы		
1. NAME OF DECEASED		2. DATE	AND HOUR OF DEAT	Н		stale.		
FENNER, Sister Gerti		Ju	ly 24, 1972	4-	12:35	ALN		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	MOUNCED DEAD	4. USUAL RESIDENCE (WA. STATE B. CO	here deceased lived. If UNTY	institution: reside	nce before of	dmis sion)		
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	New York			V	29		
HOSPITAL OR ADDRESS OR LOCATIONS		C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS	?	-		
The Seton Psychiati	ic Institute	Rochester		YES 🔀	NO			
Baltimore, Maryland	21215	E. STREET AND NUMBER						
5. SEX 6. RACE 7. MARR	HED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	II Under 1 Y	t. Il Unde	r 24 Hrs.		
Female White WIDOW	VED DIVORCED	12-12-93	lost birthday) 78	Months Doy	5 Hours	Min.		
IDA. USUAL OCCUPATION (Give kind of work 108, KIN)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE IState or le	preign countryl	12. CITIZEN	OF WHAT C	OUNTRY		
Religious		Utica, New	York	7	J.S.A.			
3. FATHER'S NAME		14. MOTHER'S MAIDEN N						
Charles Fenner		Anna Fahy						
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		AD	DRESS			
Yes, no or unknown) (II yes, give wor or doles of servi	ce) SECURITY NO.							
No	061-42-0160T		cords -The Se	ton Psych	h. Inst	titut		
18.4/0.9	CAUSE OF DEAT	H			PROXIMATE IN			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			YARENIN O					
(This does not mean the made of dying,	(A) IMMEDIATE CAL							
heort failure, asthenia, etc. It means the dise injury or camplication which caused death.)	ase, DUE TO, OR AS	A CONSEQUENCE OF:						
ANTECEDENT CAUSES	Maria		•					
DISEASES OR CONDITIONS, il any, giv	(B) Myocardial Intarction							
rise to the abave cause (A) stating								
UNDERLYING CONDITION last.	(c) Ge ne	ralized arteri	osclerosis.		100000000000000000000000000000000000000			
2 11	Chronic b	rain syndrome	associated r	ri th				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTINTO THE DEATH BUT NOT RELATED TO THE TERMIND DISEASE OR CONDITION GIVEN IN PART 1 (A).		ral arterioscl		VICIL				
19A. DATE OF OPERATION 198 CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or		FINDINGS CON	SIDERED			
WAS PERFORMED		No	IN CERTIFYING C.	AUSES OF DEAT	H?			
On continue of the	218 PLACE OF INJURY le.g., i	n ar obout 21 C. WHERE DID	(If In Boltime	are City, give exo	ct locotion)			
DEATH (natify medical examiner) 21D-TIME IMonth! (Day) (Year! (Houd OF INJURY)	hame, form, factory, street, of	lice bidg., INJURY OCCUR?						
21D-TIME IMonthi (Doy) (Yeorl (Houd	21 E INJURY OCCURRED	21F. HOW DID II	AIIIBA OCCIIBS					
OF INJURY (APPROX.)	While At Not While		JORI OCCURI					
	Walk - At Work	-						
22. I certify that (i) (this hospital) attende	d the deceased from Pa	2b. 7, 1969	_19toJ	uly 24, 1	972 19			
that (i) (we) lost sow the deceased alive of	July 24,	19 <u>72</u> and	that In (my) (our) op	inion death oc	curred on i	he date		
and hour and from the causes stated above	. (1) (We) (did) (did not) v	lew the body after death	•					
23A. SIGNATURE				23B. DATE SIG	NED			
Efficiency of	DEGREE Phys	nding Med.	Staff Phys.	July 2	4, 197	2		
23C. PHYSICIAN'S WAME (Type)	DEGREE	23D. ADDRESS	,					
Edmundo Larranaga, M.D		6400 Wabash Av	enue. Balti	more. Md.	21215			
4A. BURIAL CREMATION 124B. DATE 124C	NAME OF CEMETERY OF CRE			ity, town, or cour		(Stote)		
REMOVAL (Specify)	H 1 1		1 1	rily, town, or coul		m /		
1) 41/1 / / / / / / / / / / / /	AL ILANO MAL					FF 4		

ADDRESS



VS 150-REV. 1/1/68

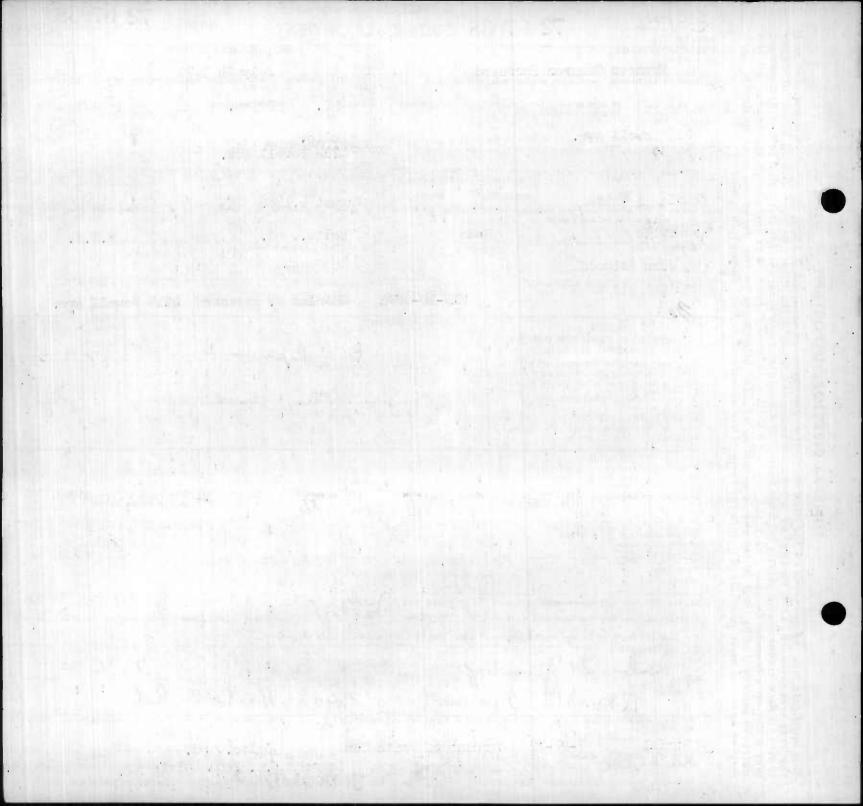
1 -1	1910	19/20/0	BALTIMORE CITY	HEALTH DEPARTMENT		72	07037
5-514 BIRTH NO.	12 (7037	CERTIFICA	TE OF DEATH	REG. NO.	AN ETO I	RYLAND=DHMA
1. NAME OF DECEA		T D	: 77		AND HOUR OF DEATH		1 004
	Martha			· ·	-26-72	***	4:00A. M
FULL NAME OF	MORE, MARYLAND, W		UNCED DEAD UTION, GIVE STREET	A, STATE Md.	UNTY	nstitution: res	2 404
HOSPITAL OR	ADDRESS OR LOCA	(NOIT		C. CITY OR TOWN	D. IN:	SIDE CITY LIA	AITS?
120 E. Ba	arney Street			Baltimore		YES	NO 🗌
	e, Md. 21230			120 E. Bar			
S. SEX	. RACE	7. MARRIED		B. DATE OF BIRTH 4-18-1900	9. AGE (In years lost birthdoy)	If Under Months	1 Yr. If Under 24 Hrs. Days Hours Min.
done during most of wo	rking life, even if retired)			11. BIRTHPLACE (State or			EN OF WHAT COUNTRY
Housew.						U.	S.A.
13. FATHER'S NAMI	Joseph Hugh	nes		Martha	Morris		
15. Was Deceased E	ver in U. S. Armed Fore	es?	1 6. SOCIAL	17. INFORMANT			ADDRESS
no.	If yes, give war or date	s of service)	218-01-2441	Mrs. Rosemar	ie Mustin (Si	ster	same
18.4/2.	4 1 25	0.9	CAUSE OF DEAT	H		В	APPROXIMATE INTERVAL
	OR CONDITION DIR	ECTLY	ANNAMEDIATE CAL	se Arterioscee	rotic CV dise	ease	2 years
	I meon the mode al		DUE TO, OR AS	A CONSEQUENCE OF:			
	sthenia, etc. II means lication which caused						
At	NTECEDENT CAUSES						
DISEASES OR	CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:			
rise Ia the	abave cause (A)			l arterioscler	osis	- 01	years
ONDERENING	CONDITION (USI,		(C)				
TO THE DEATH	ANT CONDITIONS COL BUT NOT RELATED TO TH	TE TERMINAL	Diabetes	mellitus			3 years
19A. DATE OF O	DPERATION 198, CON WAS PERF	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208. IF YES, WERE IN CERTIFYING C.	FINDINGS AUSES OF D	CONSIDERED EATH?
OR CONTRIBUT	WAS UNDERLYING [ING CAUSE OF nedicol examiner)	21 B	ne, farm, foctory, street, o	n or obout 21 C. WHERE DIE ffice bldg., INJURY OCCUR	O (11 in Boltimo	re City, give	exoct locotion)
2	Month) (Doy) (Year)	(Hour) 21E	. INJURY OCCURRED	215 HOW DID	INJURY OCCUR?		
OF INJURY (APPROX.)	(Teon		nile At Not Whil				
22. I certify the	hot (I) (this bospital) ottended t	he deceased from Au	gust 31,	1971 to July	7 26,	19.72
	ost sow the decease		T a ol	19.72 ond	that in (my) (our) or	inian deat	h occurred an the dat
23A. SIGNATUR		ed obove, (i) (ne) (ala not) v	riew the body after dec	rn.	23B. DATE	SIGNED
232.3101121011	(P)	pl,	Atte Phy	anding Med.	Staff Phys.		-26-72
23C. PHYSICIAN NAME (Typ		iu, M.	D.	23D. ADDRESS 1 E. Randall	Street, Baltin	nore,Md	.21230
24A. BURIAL CREM	ATION, 24B. DATE	24C. N	AME of CEMETERY of CR	EMATORY 240	LOCATION (City, town, or	countyl (Stotel
Burial	7/29/		len Haven (eme	0	Glen Burnie		Md.
2SA, DATE REC'D B	HEALTH DEPT	25B. NAME	OF REGISTRAR	25C. FUNERAL DIREC	Funeral Hom	e 1	ADDRESS Fort Ave



FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

0.00		HEALTH DEPARTMENT	20 02038
S-126 72 6703	8 CERTIFICA	TE OF DEATH REG. NO	72 07038
1. NAME OF DECEASED		2. DATE AND HOUR OF DEAT	Н
(Type or Print) Frances Cameron Spessar		7 7 01 7070	15 P. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO		4. USUAL RESIDENCE Wife deceased Rived. If	institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTIT ADDRESS OR LOCATION)	UTION, GIVE STREET	C. CITY OR TOWN D. IN	0 0 5 1
INSTITUTION		C. CITY OR TOWN	ISIDE CITY LIMITS?
4215 Powell Ave.		Balto	YES NO
00		E. STREE AND NUMBER 4215 POWELL AVE.	
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs.
Female White WIDOWED	DIVORCED T		7710113
10A, USUAL OCCUPATION (Give kind of work 10B, KIND O	F BUSINESS OR INDUSTRY	Apprest 1886 85	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even it retired) HOUSEWISE			
	ome	Balto., Md.	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
John Astwood		Mary	
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
(Yes, no ar unknown) (If yes, give war ar dates of service)	215-16-0891	Charles H. Spessard L	215 Powell Ave.
18.77/2	CAUSE OF DEAT	H	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY			BETWEEN ONSET AND DEATH
LEADING TO DEATH		R	-00.
(This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF	- 20 ays
hearl foilure, asthenio, etc. It means the disease,	, OK A3	A CONSEQUENCE OF F	
injury or complication which caused death.)		-A	3
ANTECEDENT CAUSES	(B) Corone	ing arleng disease	1 year
DISEASES OR CONDITIONS, if ony, giving	DUE TO, OR A5	a consequence of:	
rise to the obove couse (A) stating the			
UNDERLYING CONDITION losi.	(C)		
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).			
198. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes at No.) 20 B. IF YES, WER	RE FINDINGS CONSIDERED CAUSES OF DEATH?
LES C		700	
OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	ne, form, lactary, street, of	n ar obout 21C. WHERE DID (If in Baltin flice bldg., NJURY OCCUR?	nare City, give exact location)
	INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
S OT HOUSE	hile At Not Whil	e —	
(APPROX.)	ork L At Work		
22. 1 certify that (I) (this hospital) ottended t	the deceased from	uly 23 1972 to	July 24 19 72
that (I) (we) lost sow the deceased alive on	July 0	24 972 ond that in (my) (our) o	plnion death occurred on the date
ond hour and from the couses stated above. (1) (We) (did not) v	lew the body ofter death.	
23A. SIGNAT-URE	, , , , , , , , , , , , , , , , , , , ,		23B, DATE SIGNED
000	Atte	ending Med. Staff	7-26-72
Monald Hando	OEGREE THY	s. — Director — Phys. —	1 6 12
23C. PHYSICIAN'S NAME (Type) Donald a	n dort	7403 Harford	Rd
24A. BURIAL CREMATION, 24B. DATE 24C.N	AME of CEMETERY OF CRE	EMATORY 24D. LOCATION	(City, town, ar county) (Stote)
Burial 7-27-72 Gar	dens of Faith	Cem Balto Md	
	OR REGISTRAR	Lassahn F.H. 7401 Bel:	ADDRESS air Rd
VS 150-REV. 1/1/6B		JUST HOLL	



VS 151-REV. 1/1/68

			160	1703		IMORE CITY	HEALTH	DEPAR	TMENT						
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	ATE OF BIRTH		10. AGE (I	n yeors	If Under 1 Y	r. If Under 24 I	Hrs. E. ST			R	615				
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done	during most of w	orking life, e	ven if retired)									- **			
16 V	VAS DECEASE		IIIS ADME	FORCES	2 117 50	OCIAL	1R 1	NFORM	Myrtl	e m	T T T 6	= L	AF	DRESS	
(Yes,	no or unknown)	(If yes, give	wor or dotes	of service)	SE	CURITY NO.				-			AL		
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	DISEASE	OR CON	DITION DIRE	CTLY	I	Heat st	roke							- 1	
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	injury or com	plication wh	ich coused de	oth.)											
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CERTIFICATION	OA. DATE OF				FOR WHICH	OPERATION	WAS PE	RFORM	ED					21. AUTO	OPSY? (Yes or No)
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7 2	2A. EXTERN	NAL CAUSE	WAS	13	22B.PLACE	OF INJURY	e.a. in or o	obout 2	C. WHERE I	OID (If	in Boltima	ore City	nive exo	t location)	no
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REM	OVAL (Specif	y)	24B. DATE			AE of CEMETI			KY	24D. LC	OCATIO	A (Ci	ity, fown	, or county	(Stote)
	Burial		7/26	172	Go	od She	epper	d		- E	llic	cott	Ci	tv. A	43
25 A.	DATE REC'D	BY HEALTH	DEPT.	25B. N	AME OF RE			25C. F	UNERAL DIE	RECTOR			A	DRESS	
111	97 107	2 X	Silvey.	Sich	In Kor	V.		Ed	w. S.	Mad	cNab	b Sc	ons,	Inc	•
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1. N	H NO.				CERTIFI			2. DATE AN	ND HOUR OI				
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6					ND 21229		TREET AND		ND BL	/D .			
S	EMALE 6.1	WHITE		MARRIED (NEVER MARRIED		ATE OF BIRTI		9. AGE (In lost birthdoy)	75	If Unde Months	Doys	If Under 24 Hrs. Hours Min.
	USUAL OCCUPA			08. KIND OF	BUSINESS OR IND	JSTRY 11.	BIRTHPLACE (State or fore	ign country)		12, CITI	ZEN OF	WHAT COUNTRY
	NONE						MARYL				U.	S.A	
3. F	JOSEPH	HVDDA	LIAV				MOTHER'S M		ME				
S. V	Vos Deceosed Eve			19.7	1 6. SOCIAL		NEORMANT	DK UWIN				ADDRI	ESS
es	no or unknown) (If	yes, give w	or or dotes	of service)	SECURITY NO.	11		EC DE	CODDS	WILL	ENC		ATON AVE
CERTIFICATION	DISEASES OR rise to the UNDERLYING OTHER SIGNIFICATO THE DEATH B	ONDITION II NT CONDITION UT NOT RELA DITION GIVE ERATION	NS, if a se (A) last. ONS CON. ITED TO THE NIN PART 9B. COND.	TRIBUTING E TERMINAL 1 (A). ITION FOR V		DR AS A CO	OA. AUTOPSY YES	OF:	o) 208. IF YE		JSES OF	DEATH?	,
CA	DEATH (notify me	dicol examin	er)	etc.)	e, form, factory, str			U.S.	IURY OCCU	22			
ME	OF INJURY (APPROX.)		1, 6017		le At No	While Work	211.110	5.5 14.	JAN JCCO				
	that (1) (we) last	st saw the	deceased	allve an	ne deceased fram JULY 23, (We) (did) (did)		197.2.	and th	nat in ()Kyl		nlan dea	ith acci	urred an the dat
	23A. SIGNATURE	450	7	m	DEGRE	Attending Phys.	☐ Me	d. eclor	Staff Phys.		238, DA	TE SIGN	ED 24,19>1
24A	BURIAL CREMA	PJO TION, 24B.	SE DATE JYZZI	19m [Baltimore	OF CREMA	GRY 40Nal	(OCATION A FON	/	ron lyglown,	Avor count	ie. (Stote)
2SA	DATE REC'D BY	HEALTH DE	PT.	SB. NAME C	F REGISTRAR	2	SC. FUNERA	DIRECTO	R		P	AD	DRESS

& CATON AVES

SELVE LOTHER SHEEL SAN SAETAMORE, MERYLAND STEED

	72	0704	1 BALTIMORE CITY HE	ALTH DEPARTME	NT			
13-652	1		EXAMINER'S			ATH REG.	NO	2 07041
BIRTH NO.				m				
1. NAME OF DEC	Carrie E.	Barne	s	OF	timoted Month	7/22/72	Ye	or Hour
4. PLACE IN BAL			RONOUNCED DEAD	3. DATE PRONOUNCE	Month	Doy	Ye	0 25
FULL NAME OF HOSPITAL	(IF NOT IN HO:	SPITAL OR INS OCATION)	TITUTION, GIVE STREET	PRONOUNCE	7	22	7:	2 9:16 A.
OR INSTITUTION					NCE (Where dece os			nce before odmission)
00	3556 Poole	Stree	t	Md.		B. COUN	II Y	134
6. SEX	7. RACE	8. MARI	RIED NEVER MARRIED	C. CITY OR TOW	N	D. INSID	E CITY LIMI	TS?
female	White	WIDO		Balto.			YES 📑	NO 🗆
9. DATE OF BIRT	H 110.AG	E (In years	If Under 1 Yr. If Under 24 Hrs.	E. STREET AND N	NUMBER		AE2 CT	NO L
2/15/0	lost bir		Months Doys Hours Min.	3556	6 Poole St	reet		
11. BIRTHPLACE (State or foreign counts Md.	γ)	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NA	ME	1		
14A.USUAL OCCU	JPATION (Give kind of	work 14B. KIN	D OF BUSINESS OR INDUSTR	15. MOTHER'S MA	AIDEN NAME			
done during most of	working life, even if reti	red) H	oopers Milas			?		
	SED EVER IN U.S. AR			18. INFORMANT			ADDRESS	5
	(If yes, give wor or d			Howard A.	Rarnes	344 S. 1		
19. // //	12				, Darnes	J T T U	Dental	APPROXIMATE INTERVAL
1.4/2	4 1		CAUSE OF DEA					BETWEEN ONSET AND DEAT
DISEAS	SE OR CONDITION	DIRECTLY	Arteriosc	lerotic car	rdiovascul	ar dise	ase	
	LEADING TO DEATH		(A)IMMEDIATE					
	not meon the mode o e, osthenio, etc. It meor		DUE TO, OR	AS A CONSEQUENC	E OF:			2700
Injury or cor	mplication which couse	d de oth.)						
A	NTECEDENT CAUSE	S	/0\				h. For t	
DISEASES	OR CONDITIONS, IF	ANY, GIVING	DUE TO, OR	AS A CONSEQUEN	CE OF:			
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2			(C)					
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O THE DE	ATH BUT NOT RELATE	D TO THE TERM	AINAL					
20A DATE O	R CONDITION GIVEN		FOR WHICH OPERATION W	AS PERFORMED			21 A	UTOPSY? (Yes or No)
O DAIL O	O'EKANON 200.	CONDINO	TOR WINCH OF ERAHON W	AS TERT ORMED				no
10			Joon Black or thursty	1 1000 14	HIERE DID /// D			
UNDERLYING	RNAL CAUSE WAS G OR CONTRIB- AUSE OF DEATH.		home, form, foctory, street, office	e bldg., etc.) INJUR	OCCUR?	timore City, giv	e exact locat	on)
≥ 22D. TIME		(Yeor) (Hou	22E.INJURY OCCURRED	22F. H	OW DID INJURY	OCCUR?		
OF INJURY (APPROX.)				WHILE VORK				
23.			m. WORK ATV	YORK LI				
	tify that I held on	Inquiry	Inspection XX Au	itapsy On	d that on this ba	sis, death in	my opinio	on
	Ited from: Notural			de Homicie	de Undete	ermined mon		
ACTUAL	mel		100		MEDICAL EXAMIN			DATE SIGNED
SIGNAT	ET INTELLE	um	ARUN M.I	ASSISTAN	T MEDICAL EXAMIN	IER XIX		7/23/72
EXAMIN	NER'S Marv	in Plat	t, M.D.	ASSOCIATE	E MEDICAL EXAMIN	IER .		1/45/14
NAME ((Туре)			60544456	las tocti	1011 (2		(5)
24A. BURIAL CRE REMOVAL (Spec		I E	24C. NAME of CEMETERY	or CREMATORY	24D. LOCAT	ION (City	, town, or co	unty) (Stote)
Buria		/26/72	St. Mary	S	В	alto. M	d.	
THE STATE OF THE S	DENGINE ALTER DENG	Toon !	I dun de producto	Taca FILLIE	DAL DIDECTOR	-	ADDREC	C

Paul E. Chenoweth 3rd. 3617 Chestnut Ave

deposit adomi o tet i k TE ENEM A STATE OF THE STA . The state of the

			72	07042	STATE OF WAR	ATTH DEPAR	HMH			1	
5-61	14 -	5-162 BIRTH NO 72-	MF		AMINER'S			DEAT	Н	72	07042
00,	0	BIKTITTO. /EX-	71111				0/112 01		KEO, 140		
		1. NAME OF DE (Type or Print)		STANLEY SO	201.001)	2. DATE OF	Known Estimated	Manth	Day	Yeor	Haur
		4. PLACE IN BA	LTIMORE, MARYLAND	WHERE PRONO	UNCED DEAD	3. DATE		Manth	Doy	Yeor	Hour M.
		FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSE ADDRESS OR LO	PITAL OR INSTITUTIO CATION)	N, GIVE STREET		UNCED DEAD	7	23	1972	12:05p _M
		0	130 N. Asq	uith St.		A. STATE	ESIDENCE (Wher Md .	e deceosed li	B. COUNTY	n; residence b	5 0
		6. SEX	7. RACE		NEVER MARRIED	C. CITY OR			D. INSIDE C	_	
		male 9. DATE OF BIR	negro	(In years If Und	DIVORCED L	E. STREET A	Ba AND NUMBER	lto.	Y	ES X N	10 🗆
			last birth		s Days Hours Min.		. Asquith	St.			
10		11. BIRTHPLACE	(State or foreign country) 12. CI	TIZEN OF	13. FATHER		0	. 1		
play 10		130 IT	LIPATION (Give kind of wo		USINESS OR INDUSTRY	VIS MOTHE	An ely	2C	2ribe	~	
			warking life, even if retire		lone	P		H	AHPA		
		16. WAS DECEA	SED EVER IN U.S. ARM	ED FORCES?	17. SOCIAL SECURITY NO.	18. INFORM	MANT	1 1 9	A	DDRESS	.314
		100		,		Paul	A HATT	2~		SAME	ROXIMATE INTERVAL
		19. 179	5 X 1		Sudden De		Infancy				EN ONSET AND DEATH
		DISEA	SE OR CONDITION DI LEADING TO DEATH	RECTLY	(A)IMMEDIATE C		11111110				
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			amplication which caused	geam.)						8	
		DISEASES	OR CONDITIONS, IF A	NY, GIVING	(B)	AS A CONSE	QUENCE OF:				er djirom nije samalje mer djirom nije gap mangin samalje merdjirom nije 60°600 djirola s
		UNDERLY	HE ABOVE CAUSE (A) S ING CONDITION LAST	TATING THE	(c)		- 14 - 14 - 15 - 15 - 15 - 15 - 15 - 15				and an access of the second se
		OTHER SIG	II NIFICANT CONDITIONS	CONTRIBUTING							
		O THE D	EATH BUT NOT RELATED	TO THE TERMINAL	.000-044-44-440-000		****				
		20A. DATE	OF OPERATION 20B. C	ONDITION FOR V	VHICH OPERATION W	AS PERFORM	NED			21. AUTOF	SY? (Yes or Na)
		126	RNAL CAUSE WAS		LACE OF INJURY(e.g.,			/If in Boltims	re City give ex	enct location)	yes
		UNIDERLVIN	G OR CONTRIB-	hame,	form, factory, street, affic	e bldg., etc.)	NJURY OCCUR?	(ii iii boiiiiiic	ne city, give ex	oci ioconon)	
		∑ 22D. TIME OF INJURY	(Month) (Doy) (Y		E.INJURY OCCURRED		2F. HOW DID IN	JURY OCC	UR?		
		(APPROX.)		m. W		VORK					
			rtify that I held an	Inquiry	Inspection Au	tapsy x	and that an t	his basis,	death in my	apinian	
		resu	Ited fram: <u>Matural</u> c	auses 🔀 Ac	cident Suicid		amicide 🗌		ined manner		
					100		CHIEF MEDICAL				DATE SIGNED
		ACTUA	L -71//-			MODI	STATAL MEDICAL	EVWILLIARK			
		SIGNA	TURE	WW 1	M.D.	ASSC	CIATE MEDICAL	EXAMINER			
		SIGNA EXAMI NAME	TURE //// (NER'S (Type) Magvin	S. Platt,			OCIATE MEDICAL				4-72
		SIGNA EXAMI NAME 24A. BURIAL CR REMOVAL (Spe	TURE	240	NAME of CEMETERY			LOCATION		7-2	4-72 (State)
		SIGNA EXAMI NAME 24A. BURIAL CR REMOVAL (Spe	TURE	2.72		or CREMATO		Bal	City, tow		
		SIGNA EXAMI NAME 24A. BURIAL CR REMOVAL (Spe	TURE MAEVIN NER'S (Type) Maevin EMATION, 24B. DATE Cify) 7-28	2.72	MT. Aub	or CREMATO	DRY 24D.	Bal	(Cily, taw	rn, ar caunty)	

C: E:1

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MAUXILAND=DHMF BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE Known Manth Hour Yeor (Type or Print) OF ROBERT BARLOW Estimoted DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy Year Hour PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 23 1972 8:35 HOSPITAL OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY 14 S. Bond St. Md. C. CITY OR TOWN 6. SEX 7. RACE D. INSIDE CITY LIMITS? B. MARRIED NEVER MARRIED WIDOWED . DIVORCED L Balto. YES X NO 🗌 male 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER last birthdoy) Months | Days | Hours | Min. 3 S. Dallas St. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? 0 4A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME dane during most of working life, even if retIred) 16. WAS DECEASED EVER IN U.S. ARMED FORCES? B. INFORMANT SOCIAL SECURITY NO. (Yes, no or unknown) (If yes, give wor or dates of service) ww APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH Gunshot wound of chest DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It meons the disease, DUE TO, OR AS A CONSEQUENCE OF: injury or complication which caused death.) **ANTECEDENT CAUSES** DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)... OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 20 A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) ₹ 22A. 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location) **EXTERNAL CAUSE WAS** hame, form, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING TOR CONTRIB 14 S. Bond St. UTING CAUSE OF DEATH house 22D. TIME (Manth) (Doy) (Year) (Hour) 22E. INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE (APPROX.) 7-23-72 8:20p WORK Shot during argument. I certify that I held an Inquiry Autopsy Inspection ond that on this basis, death in my opinion Homicide X resulted from: Notural couses Suicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE M.D. EXAMINER'S ASSOCIATE MEDICAL EXAMINER 7-24-72 Marvin S. Platt, M.D. NAME (Type) 24A. BURIAL CREMATION. 24B DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) SYMIAL

25C. FUNERAL DIRECTOR

ADDRESS

25B. NAME OF REGISTRAR

25A. DATE REC'D BY HEALTH DEPT.

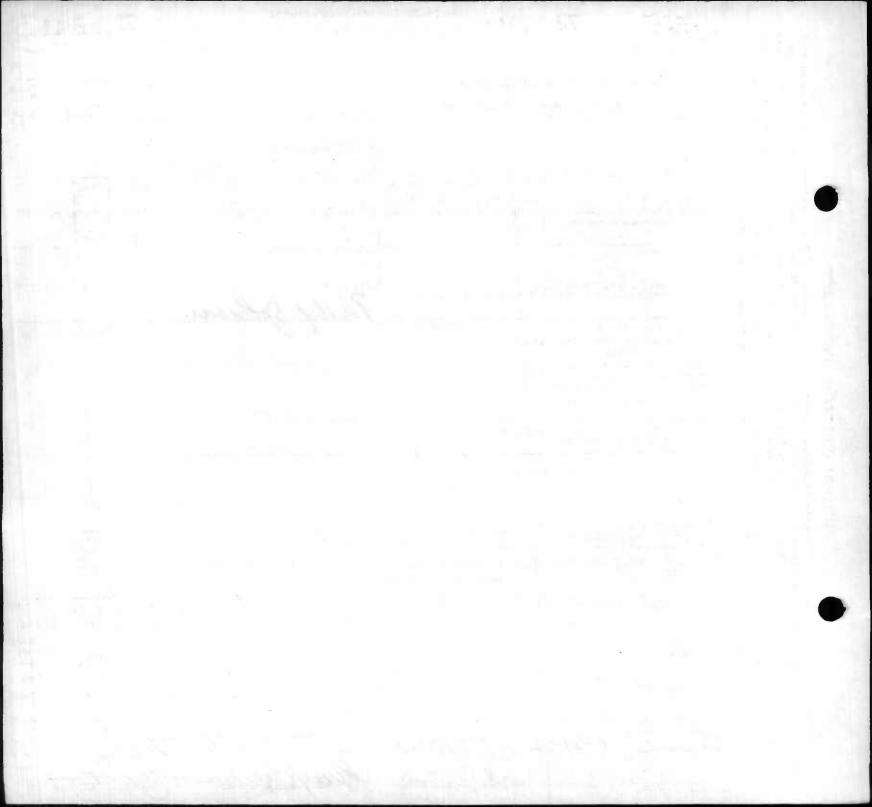
VS 151-REV. 1/1/6B

10 At 15 20 12 15 Market But But B THE RELEASE OF THE REAL PROPERTY. # NOT DESCRIPTION Property of the party of the pa Establish to the defining va . none: the material seeds at the terms of the terms o

FUNERAL DIRECTOR: IMPORTANT

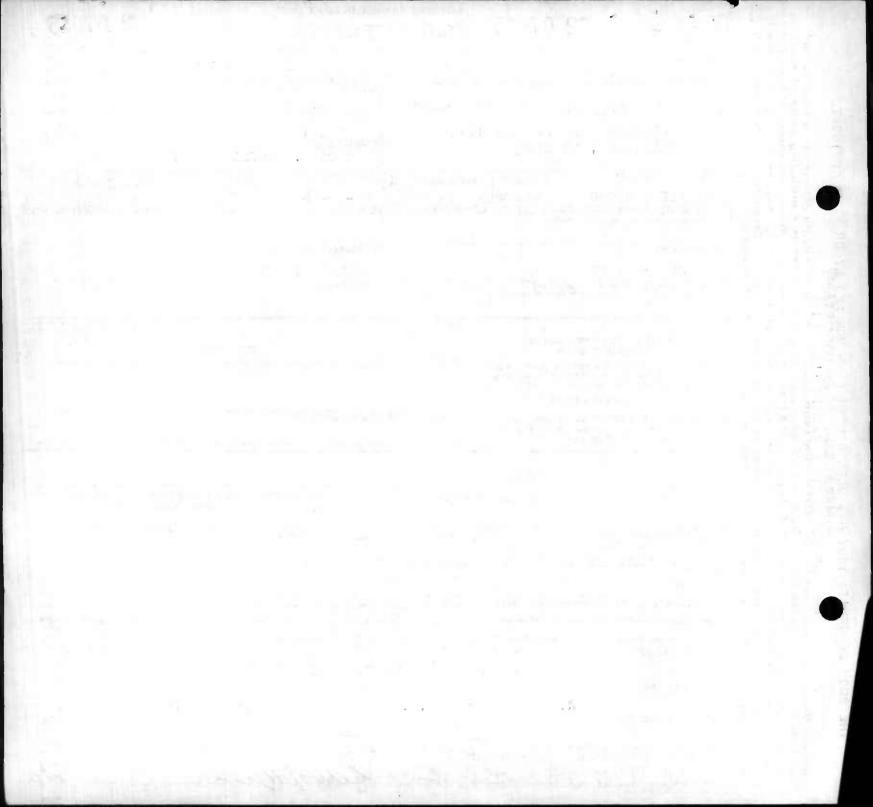
of death kind; (4) Undetermined cause; (5) Deceased on the Such hospital eath. ance contributing cause T attend 0 prior occurred in regular mad deceased isposition is or Was the the direct assistant if death no T or final attendance fracture of any peounouoid embalmed regular examiner. who 910 4 physician before the remains chief medical Was medical any nature; (2) Body burns; No physician the 0 where to the hospital obtained 9 approved (except and death); accident of hospital the body was released shows: (1) An accident must 9 approval 0 prior to was D.O.A. eceased decease

BALTIMORE CITY HEALTH DEPARTMENT 72 07044 CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED (Type or Print) enson 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY Baltumore IIF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI FULL NAME OF HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? nion Memorial Hospital 3/ tunos e YES X NO E. STREET AND NUMBER CLIFTVIEW Dreuve 5. SEXUDLE 6. RACE A DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months! Doys MARRIED NEVER MARRIED If Under 24 Hrs. Hours lost birthday BIACK WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11), BIRTHPLA 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) NEMPLOYE 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME ORA USON 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give war or doles of service) 16. SOCIAL SECURITY NO. 7. INFORMANT ADDRESS CAUSE OF DEATH APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, injury or complication which caused deoth.) ANTECEDENT CAUSES (B)_______DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION lost CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A-DATE OF OPERATION 119B CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, loctory, street, office bldg., INJURY OCCUR? (Il In Boltimare City, give exact location) MEDICAL DEATH (notily medical examined 21D. TIME (Hous) (Month) (Day) (Year) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At (APPROX.) Wark At Work 22. I certify that (1) (this hospital) attended the deceased from that (i) (we) last saw the deceased alive an 19 and that in (my) (our) opinion death accurred an the date and hour and from the causes stated abave. (1) (We) (did) (did not) view the bady ofter death. 23A. SIGNATURE 23B. DATE SIGNED Attending | Med. Director Phys. 23C. PHYSICIAN'S NAME (Typel 23D. ADDRESS Memoriz MIDIL DEGREE 24A. BURIAL CREMATION, REMOVAL (Specify) 24C, NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote) 25A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/68



This certificate must be approved by the chief medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

7-60P 4872 07045 CERTIFICATE OF DEATH REG. NO. 72 07045
BIRTH NO. 68 73786
1. NAME OF DECEASED (Typo or Print) The state of Deceased Supplies the state of t
3. PLACE IN BALTIMORE, MARTEAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, II institutions residence before admiss B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, CIVE STREET MARYLAND
HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION THE JOHNS HOPKINS HOSPITAL C.CITY OR TOWN D. INSIDE CITY LIMITS? NO []
BALTIMORE, MD 21205
1901 N. CASTLE STREET
FEMALE NEGRO WIDOWED DIVORCED 08-08-68 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 176. II Under 1 176. II Unde
10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUN
3. FATHER'S NAME
JOSEPH TROY RENEE DICKEY 5. Wes Decessed Ever in U. S. Armed Forces? 11 6. SOCIAL 117. INFORMANT ADDRESS
Tes, no of unknown) (III yes, give war of doles of service) SECURITY NO.
18. 2 7 3 . 0 1 CAUSE OF DEATH APPROXIMATE INTERV
DISEASE OR CONDITION DIRECTLY
(This does not mann the mode of dying, e.g.,
heart failure, astheria, etc. It means the disease, injury or complication which caused death.)
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, II any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:
dise to the above cause (A) staling the UNDERLYING CONDITION lest. (C)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE TERMINAL
19A DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION NO 19R CERTIFYING CAUSES OF DEATH?
21A ACCIDENT WAS UNDERLYING 21B PLACE OF INJURY (e.g., in or about 21C WHERE DID (If in Baltimore City, give exact location) or CONTRIBUTING CAUSE OF DEATH (notify medical examined)
21D. TIME (Month) (Day) (Year) (Hour 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At The Not While Company of the Com
Work L Al Work L
22. I certify that (1) (this hospital) attended the deceased from July 2 7 19 17240 19
that 11 (no) less sen the deceased alive on Tuly 2219 72 and that in (my) (our) opinion deoth occurred on the
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
and hour and from the couses stoted obove. (I) (We) (did) (did not) view the body after death. 23A. SIGNATURE
23A. SIGNATURE 23B. DATE SIGNED Attending Med. Stoff 7772772
23A. SIGNATURE 23B. DATE SIGNED 23B. DATE SIGNED 7/22/72
23A. SIGNATURE Attending Med. Stoff 77 2 77 2 23C. Physician's NAME (Type) Attending Med. Director Phys. 23B. DATE SIGNED 23B. DATE SIGNED 77 2 77 2
23A. SIGNATURE 23A. SIGNATURE Attending Med. Director Phys. 23R. DATE SIGNED 7/2 2/72 23C. PHYSICIAN'S NAME (Type) ROGER R. BRUMBACK M. D. DEGREE THE JOHNS HOPKINS HOSPITAL
23A. SIGNATURE 23A. SIGNATURE DEGREE Attending Med. Director Phys. 23B. DATE SIGNED 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
23A. SIGNATURE 23A. SIGNATURE DEGREE Attending Med. Director Phys. 23C. PHYSICIAN'S NAME (Type) ROGER B. BRUMBACK M. D. Broke THE JOHNS HOPKINS HOSPITAL DEGREE 24C. NAME of CEMETERY of CREMATORY 124C. NAME of CEMETERY of CREMATORY 124C. NAME of CEMETERY (Stoke County) 125 (Stoke County) 125 (Stoke County) 126 (Stoke County) 126 (Stoke County) 127 (Stoke County) 128 (Stoke County) 128 (Stoke County) 129 (Stoke County) 120 (Stoke County) 120 (Stoke County) 120 (Stoke County) 120 (Stoke County) 121 (Stoke County) 122 (Stoke County) 123 (Stoke County) 124 (Stoke County) 125 (Stoke County) 126 (Stoke County) 126 (Stoke County) 127 (Stoke County) 127 (Stoke County)



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

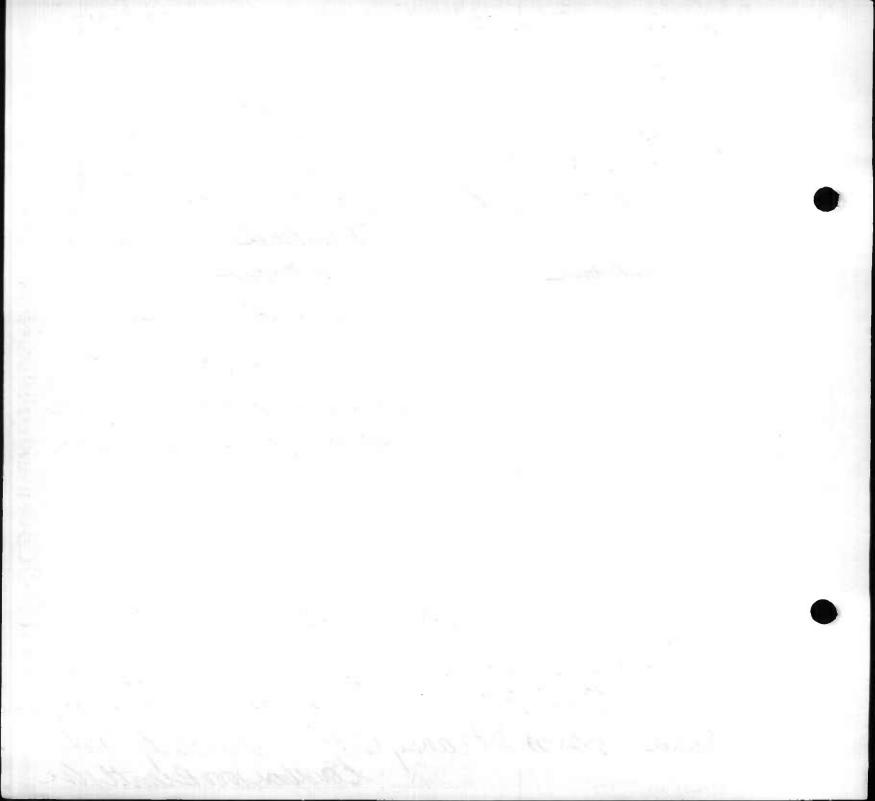
BALTIMORE CITY	HEALTH DEPARTMENT
W-623 72 07046 CERTIFICA	TE OF DEATH REG. NO. 72 07040
I, NAME OF DECEASED	STATE OF MARYLAND-DHILE
(Trans of Bird)	2. DATE AND HOUR OF DEATH
WRIGHT, HOWARD	JULY 19, 1972 12:35 PM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	A. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY MARYLAND
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN BALT I MORE D. INSIDE CITY LIMITS?
33 THE JOHNS HOPKINS HOSPITAL	E. STREET AND NUMBER 1234 DARLEY AVE.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr If Under 24 Hrs.
MALE NEGRO WIDOWED DIVORCED	03-19-15 lost birthdoy 57 Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE ISlate of foreign country) 12. CITIZEN OF WHAT COUNTRY
done during most of washing life, even if refired) C'ITY Employee 13. FATHER'S NAME	Batto. Md. M. J. A.
JAMES WRIGHT	14. MOTHER'S MAIDEN NAME
	Tours Miris
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) [IIf yes, give war or dotes of service] 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
No - 217-03-5511	Land War It - Chan
18. 16. 2 V I CAUSE OF DEATH	H APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY PROPE	ABLE BOWEL OBSTAURTON ONSET AND DEATH
LEADING TO DEATH	1 12:20
IThis does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:
I Initify of Complication which caused death.)	was and an end of
ANIECEDENI CAUSES	INDIAA OF THE COLON
DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS	A CONSEQUENCE OF:
use to the above cause (A) stating the	
UNDERCTING CONDITION last. (C)	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION WAS PERFORMED 21A ACCIDENT WAS UNDERLYING 1	
19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	YES IN CERTIFTING CAUSES OF DEATH?
U 21A ACCIDENT WAS UNDERLYING 21B PLACE OF INJURY (e.g., in long for Contributing Cause of Death Inofity medical examined	n or obout 21C, WHERE DID (If In Boltimore City, give exect location) lice bidg., INJURY OCCUR?
O 210-TIME (Month) (Dov) IYeor) Though 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
While At Not While	
Work LJ At Work	
	1LY 18 1972 to JULY 19 1972
that (1) (we) last saw the deceased alive an JULY 19	19 72 and that in(my) (our) opinion death occurred on the date
and hour and from the causes stated above. (1) (We) (dld) (dld not) vi	lew the body after death.
Dhim	ading Med. Stoff X 7/19/77
23C. PHYSICIAN'S NAME (Type)	M.D. THE JOHNS HOPKINS HOSPITAL
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	THE COUNTY HOLING HOUT THE
Burnal D-24-76 Balta Co	RH. ml
25A. DATE REC'D BY HEALTH DEPT 25B. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR ADDRESS
JUL 61 1972 Hadey harrown	a Bhay 10 3W, (5m 1000 Bru Tley Ane
VS 150-REV. 1/1/68	

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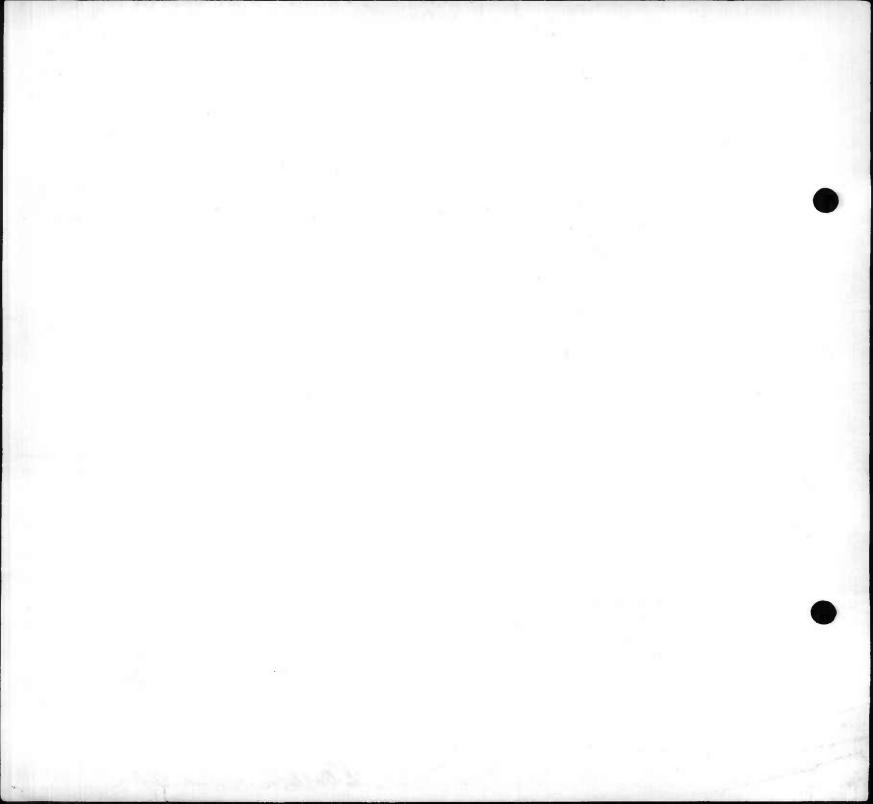
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

	1/1/1/2	HEALTH DEPARTMENT TE OF DEATH REG. NO. 72 07047
	BIRTH NO.	TE OF DEATH STATE OF MARYLAND-DHMH
	NAME OF DECEASED Type of Print	2. DATE AND HOUR OF DEATH
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
- 113	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	mary Land 1538
JI.	ROLLON HILL MURSING home	C, CITY OR TOWN D. INSIDE CITY LIMITS? YES THE NOTE OF THE PROPERTY OF THE P
1	14AD JOHN ST	E. STREET AND NUMBER
5	SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Vi., If Under 24 His.
	F Black WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 His. Months Doys Hours Min.
	0A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY one during most of working life, even if retired)	YI. BIRTHPLACE (Stote or loreign country) 12, CITIZEN OF WHAT COUNTRY?
	one coming man or working the, even a remedy	mandand U.S.A
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Unknow	unknow
100	5. Was Deceased Ever in U. S. Armed Forces? [es,no of unknown] (If yos, give war or dotes of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	ND	admission Records
	18. 4/2.3 CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	2 T 1 1 T
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
	ANTECEDENT CAUSES	The state of the s
	DISEASES OR CONDITIONS, if any, giving DUE 10, OR AS	A CONSEQUENCE OF:
	inse to the above cause (A) stating the UNDERLYING CONDITION last.	inteller applied non
	11	And the state of t
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
	DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
100	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF home, farm, factory, street, offi	or obout 21 C. WHERE DID (II In Boltimore City, give exect lecotion)
	OF INJURY (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
11	(APPROX.) While At Not While At Work	
	22. I certify that (1) (this hospital) attended the deceased fram	7/20 1972 to 7/24 1925
	that (1) (we) last saw the deceased alive an 7/24	19 and that in (my) (aur) apinian death accurred an the date
	and haur and fram the causes stated above. (1) (We) (did) (did nat) vi	ew the bady after death.
	23A. SIGNATURE Attendary	ding Med. Stoff
	OSCARS Phys.	
	23C. PHYSICIAN'S NAME (Type) And A Resty 2	
2	AA. BURIAL CREMATION, 24B. DATE 24C.NAME OF CEMETERY OF CREM	MATORY (240. LOCATION (City, town, or county) /(Stote)
	BUDGE 7-28-12 Mt Make	Out Welland me
2	SA. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
	JUL 27 1979 Six was 22 2 2	EDUNGALION Branttille
V	\$ 150-REV. 1/1/68	

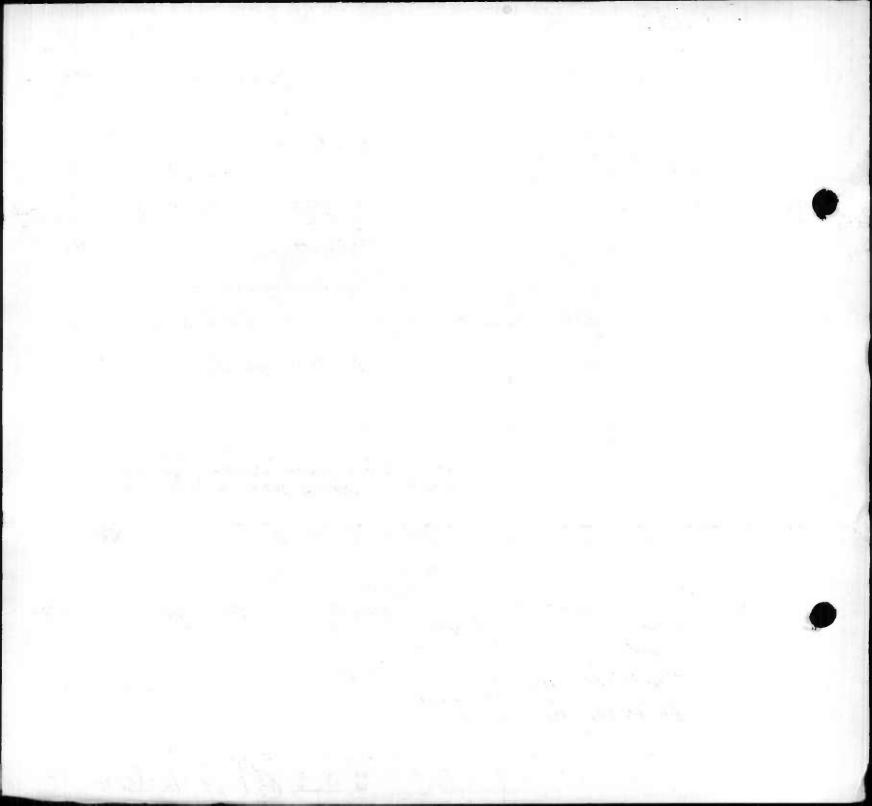


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PAITHAGE CITY HEATTH DEPARTMENT
FIRTH NO. 72 07048 CERTIFICATE OF DEATH REG. NO. 72 07048 STATE OF MARYLAND DEMME
1. NAME OF DECEASED (Type or Print) 1. NAME OF DECEASED 1. DATE AND HOUR OF DEATH 1. DATE AND HOUR
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before odmission A, STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION! C. CITY OR TOWN D. INSIDE CITY LIMITS? YES A NO
HARBOR UELU NURSING HOME : STREET AND NUMBER 101 HANGE AM.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years tast birthday) Months: Days Hours Min. WIDOWED DIVORCED 5-3-1896 Months: Days Hours Min. TOA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11). BIRTHPLACE (State or foreign country) 112 CITIZEN OF WHAT COUNTRY
done during most of working life, even il retired) 13. FATHER'S NAME W. C. J. A. 14. MOTHER'S MAIDEN NAME Ming mie Ming ten
15. Wes Decessed Ever in U. S. Armed Farces? (Yes, no or unknown! (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.
100 - Joseph Land 1524 N. Kennend An
DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH (A) IMMEDIATE CAUSE herdine UNDer - Indlan
(This does not meen the mode of dying, e.g., heart failure, asthenia, etc., il means the disease, injury or complication which caused death.) (A) IMMEDIATE CAUSE And ac Consequence OF:
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.
UNDERLYING CONDITION last. (C). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994 DATE OF OPERATION 1984 CONDITION FOR WHICH OPERATION WAS PERFORMED 2004 AUTORSY? (Yes of No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
O 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID (If In Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF hame, factory, street, affice bidg., INJURY OCCUR? DEATH (natify medical examiner) 21E INJURY OCCURED 21F. HOW DID INJURY OCCUR? White At Not White At Work 19 72 19
that (1) (we) lost sow the deceased alive on
ond hour and from the causes stated abave. (!) (We) (did) (did nat) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED
Attending Med. Stoff Phys.
23C. PHYSICIAN'S NAME (Type) OSEO44 REUDI AD (115 / CALLIER T)
Burish 7-29-74 Mt. Arburn Com. Balto. mod.
25A. DATE REC'D BY HEALTH DEPT. 25B. HAME OF REGISTRAR 25C. ENNERAL DIRECTOR ADDRESS
VS 150-REV. 1/1/68

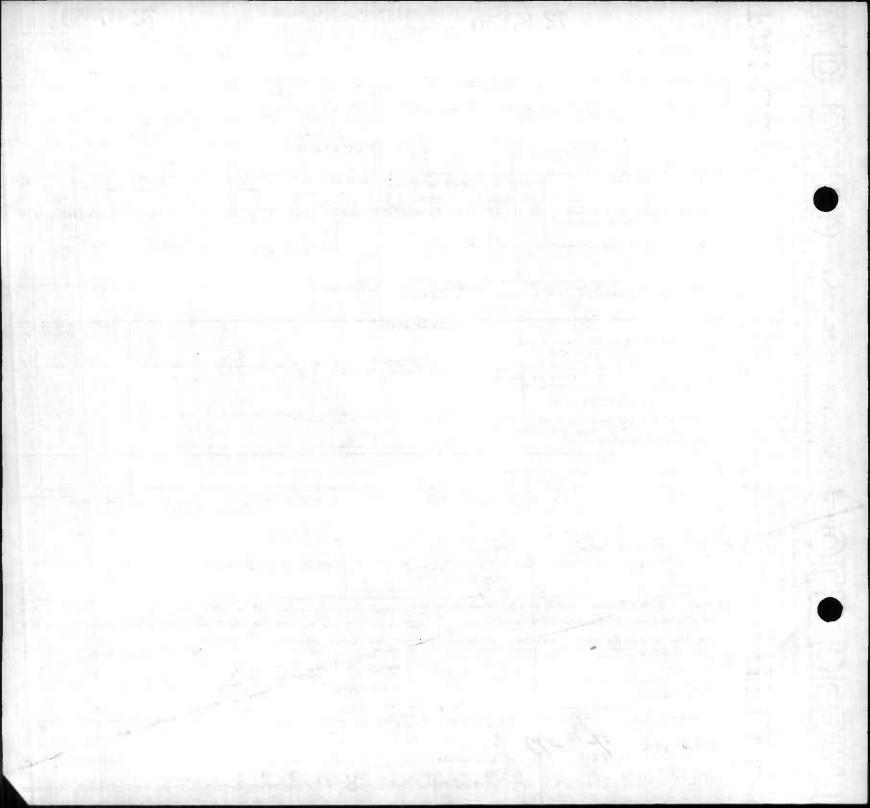


	N-620 72 07	6049 CERTIFICA	HEALTH DEPARTMENT	REG. NO.	72 07040
	RTH NO.	CERTIFICA	TE OF DEATH	4 KEG. NO	72 07045
	NAME OF DECEASED	0 / 1	2. DATE	AND HOUR OF DEATH	OF MARYLAND-DHME
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PE	ONOUNCED DEAD	4. USUAL RESIDENCE ()	Where deceased lived, If	institution: residence before admission
H H	OLL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MARY I PI	nd	SIDE CITY LIMITS?
Z	solton Hill NURSIN	9 Home	Baltimor	and the second s	YES NO
1/4	Afryette & John	Sts.	E. STREET AND NUMBE	R	
1	soltimore, maryli	and	802 W.	Lex. ST	7
5.	SEX 6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yo . If Under 24 Hrs. Months! Doys Hours! Min.
		WED DIVORCED	3-14-87	85	
dor	N. USUAL OCCUPATION (Give kind of work 108, KIN the during most of workin) life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Housing-		SEOGIA		U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
			(Maluel	Coll	- And -
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of serv	icel SECURITY NO.	17. MORMANT	2 1	ADDRESS
	m	215-15-122	K) Dona (V	icho lu	Maria +6.
	18.4/12 4 - 096X	CAUSE OF DEATH	1	0100 600	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY				SETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not mean the made of dying,	(A) IMMEDIATE CAU		normated CH	IF Years
	heart injure, asthenia, etc. It means the disc	ose, DUE TO, OR AS A	CONSEQUENCE OF:		
	injury ar camplication which caused death.)				
	ANTECEDENT CAUSES	(B)	************************		
	DISEASES OR CONDITIONS, if any, ginse to the abave cause (A) stating	the DUE TO, OR AS	A CONSEQUENCE OF:		
	UNDERLYING CONDITION last.	(c)	******		
z	11	Chrome B.	ram Syndrone,	Devertreulities	of Colon
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMI		Tolyphilis Al	dommal Arty	EAmeren Years
N S	DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or	Noll 20B, IF YES, WERE	FINDING CONSIDERED
ERTIFI	O. WAS PERFORMED		31	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
U	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., in home, form, foctory, street, affi	or about 21 C. WHERE DID	(If In Boltimo	re City, give exoct locotion)
CA	DEATH (notity medical examined)	elc.)			
MEDI	21 D. TIME (Month! (Doy) (Year) (Hour	21E INJURY OCCURRED		NJURY OCCUR?	
	(APPROX)	While At Work At Work			
	22. 1 certify that (1) (this bespital) attend	ed the deceased from	70M17	19 72 to 6	ely 16 19 72
	that (1) (we) lost saw the deceased alive			_/	inion death occurred an the date
	and hour and from the couses stated above	er (1) (We) (did) (did not) vi	ew the body ofter deat	h.	
	23A. SIGNATURE				23B, DATE SIGNED
	Teter H Rhemstern	Mos Atten	ding Med.	Staff Phys.	1.1.18 1972
	23C. PHYSICIAN'S NAME (Type)	528-6790 2	3D. ADDRESS		1 20,110
		skein DEGREE			
24#	BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C NAME of CEMETERY OF CREA	MATORY A 24D.	LOCATION (C	ity, town, or county! (Stotel
1	Preve 2 7-2012	Mt/hlen	, ()	Bull	nd
25A	DATE RECOUNT HEALTH DEPT 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECT	OR	ADDRESS
	JUL 21 1972 The way	Which of	3 0 4 6	COVAM 1	VILSOII.
VS	150-REV. 1/1/68			JU 1/	



FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT 72 07050 REG. NO. CERTIFICATE OF DEATH eath occurred in a hospital and or contributing cause of death (4) Undetermined cause; (5) Deceased BIRTH NO. OF MARYTAND-DHMH Such I. NAME OF DECEASED OF DEATH uo (Type or Print) eath. M. 3. PLACE IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where degreesed lived, If institution: residence A. STATE B. COUNTY WHERE PRONOUNCED DEAD ance A. STATE FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) U 1ano attend C. CITY OF TOWN D. INSIDE CITY LIMITS? 9 YES Y NO prior E. STREET AND NUMBER Garechson in regular made 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In years Il Under 1 Yr. Months Doys 7. MARRIED NEVER MARRIED X deceased If Under 24 Hrs. lost birthdoy 4/04/02 WIDOWED DIVORCED 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? isposition done during most of working life, even if retired) SD the 13. FATHER'S NAME 3 death HO O 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 6. SOCIAL 17. INFORMANT ADDRESS final SECURITY NO. attendance any pronounced CAUSE OF DEATH 10 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embaimed fracture of LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, regular injury at complication which caused death.) ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the above cause (A) stating the 3 physician UNDERLYING CONDITION last remains Was burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING No physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) any nature; (2) Body before the 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? where the 0 WAS PERFORMED NO 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21& PLACE OF INJURY (e.g., in or about 21C, WHERE DID home, form, factory, street, office bidg., INJURY OCCUR? (If In Boltimore City, give exect location) to the hospital MEDICAL DEATH (notify medical examined obtained 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 9 21f. HOW DID INJURY OCCUR? approved (except While At Not While I (APPROX) and Work Al Work 22. I certify that (4) (this hospital) attended the deceased from 19 _ thotal) (we) last saw the deceased office an. 99 ond that In (aur) apinion death occurred on the date An accident of death) hospita was released and hour and from the couses stated obave. (If (We) (did) (did not) view the bady ofter deoth. must 23A. SIGNATURE 23 B. DATE SIGNED Attending [Med. 10 approval Phys. Director 0 23C. PHYSICIAN'S prior 23D. ADDRESS to NAME (Type) Steven Katz, Michael 550 was D.O.A. DEGREE deceased written ap 24A. BURIAL CREMATION. 248. DATE the body (City, town, or county) REMOVAL (Specily) shows: REC'D BY HEALTH OFFT. 258, NAME OF 25C. FUNERAL DIRECTOR ADDRES VS 150-REV. 1/1/68



VS 151-REV. 1/1/68

72 07051 STATE OF MARYLAND DHAH BALTIMORE CITY HEALTH DEPARTMENT

BALTIMORE CITY HE	ALTH DEPARTMENT
G-620 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH 72 07051
BIRTH NO.	REG. NO.
1. NAME OF DECEASED	2. DATE Known Month Doy Yeor Hour
(Type or Print) JOSHUA GROSS	OF 50 07 15 07 1
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD July 25, 1972 1:45 P. M.
	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
LUTHERAN HOSPITAL	Maryland 6. COUNTY //0 3
6. SEX 7. RACE 8. MARRIED 1 NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro widowed □ Divorced □	Baltimore YES NO NO
9. DATE OF BIRTH 10. AGE (In years II Under I Yr. If Under 24 Hrs. Months Doys Hours Min.	E. STREET AND NUMBER
1-5-1921 lost blirthdoy) 47 Months Doys Hours Min.	815 George Street
11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF	13. FATHER'S NAME
BALTO, Md. WHAT COUNTRY?	WILLIAM E. GROSS
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	
done during most of working life, even il retired) LIPOR	ELIZHBETH HENSUN
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT MYIPTLE WARRINGTON ADDRESS 2825 W. Nomith APPROXIMATE INTERVAL
(Yes, no or unknown) (II yes, give wor or dotes of service) SECURITY NO.	LANGELE WARRINGTON 2825 W. NOMIN
219-01-4010	TH APPROXIMATE INTERVAL
19. E 988 X I CAUSE OF DEA	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY ACUTE ST	ubdural hemorrhage
LEADING TO DEATH	
heart loilure, osthenio, etc. It meons the disease,	AS A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
8 1	
▼ 22A. EXTERNAL CAUSE WAS 22B.PLACE OF INJURY(e.g.,	yes
UNDERLYING TOR CONTRIB. home, form, foctory, street, office	in or obout 22C. WHERE DID (II in Boltimore City, give exact location) te bldg., etc.) INJURY OCCUR?
☐ UTING ☐ CAUSE OF DEATH. Unk.	Unik.
22D. TIME (Month) (Doy) (Year) (Hour) 22E, INJURY OCCURRED OF INJURY	22F. HOW DID INJURY OCCUR?
(APPROX.) unk. unk. WHILE AT NOT WORK AT V	WHILE Unk.
23.	
I certify that I held an Inquiry Inspection Au	tapsy 🗵 and that an this basis, death in my apinian
resulted fram: Natural causes Accident Suicident	de Namicide Undetermined manner X
1 11. 00 17700	CHIEF MEDICAL EXAMINER
ACTUAL Y WE VICE	ASSISTANT MEDICAL EXAMINER X
SIGNATURE EXAMINER'S Peter Lipkovic, M.D.	ASSOCIATE MEDICAL EXAMINER 7/26/72
NAME (Type)	ASSOCIATE MEDICAL EXAMINARY
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, town, or county) (State)
REMOVAL (Specify) 7-29-72 MT. CALVI	ERY BOLTO INIG
0017/17	JOHN FILMFRAL DIFFCTOR
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS SILE Prenation
IIII A CHILL XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	illes Wellitans on Silari

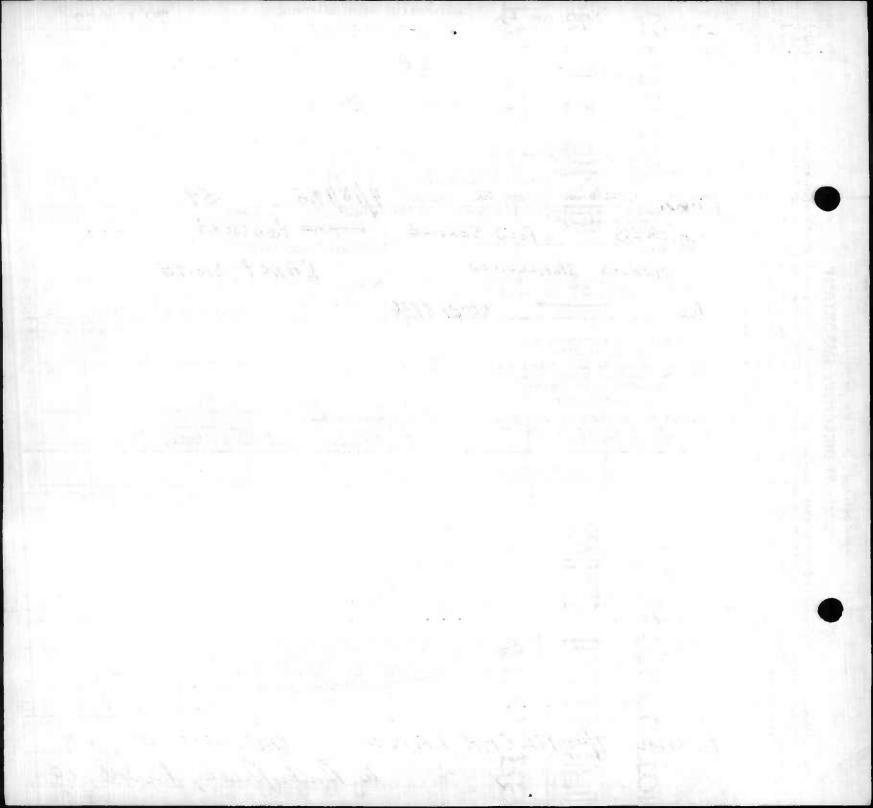
Antique de la companya de la company district the state of the state RESERVE CONTRACTOR ENLANGED HENEGAM SIGNATURE PROPERTY STANSTON SPECEN LOW A CONTRACT OF THE PARTY OF THE BUSINESS TO CALVERY SOLITA MAKE this certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disnocition is made.

VS 150-REV. 1/1/6B

S 2 / 2 BALTIMORE CITY HEALTH DEPARTMENT							
	BIRTH NO. 72 07052 CERTIFICATE OF DEATH REG. NO. 72 07052						
	1. NAME OF DECEASED STATE, OR MARYLAND DEMA						
	(Type or Print) STRAS BAUGH, Mr HARRY B. 7/25/72 9-15 PM						
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institutions residence before admission)						
	A STATE . COUNTY						
- [FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN DISTANCE CITY LIMITS?						
	RALL STATE OF THE						
-	E. STREET AND NUMBER						
6	2905 DUNGLOW Rd 21222						
000	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In vegis 1 f linder) Y. If linder 24 No.						
E	WIDOWED DIVORCED 9-23-90 lost birthday Months Doys Hours Min.						
2	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11), RIPTHELACE (State of Legisland)						
	done during most of working life, even if relired)						
positi	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME						
2	JOHN STRAS BAUGH EMMA C. POOK.						
3	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) life yes, give wer or doles of service)						
<u> </u>	NO SECURITY NO. 21307 9650 SEANETTE. V. STRASBAUGH. WILL						
	18. CAUSE OF DEATH 1 APPROXIMATE INTERVAL						
	DISEASE OR CONDITION DIRECTLY						
0	LEADING TO DEATH						
	(This does not mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease,						
2	injuty or complication which caused death.)						
	ANTECEDENT CAUSES Apliantie Anem La ASEND						
	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:						
2	rise to the obove cause (A) stating the UNDERLYING CONDITION tast.						
	(0)						
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).						
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION WAS PERFORMED 214. ACCIDENT WAS UNDERLYING 1 218 PLACE OF INJURY OR 10 of About 210. WHERE DID 214. ACCIDENT WAS UNDERLYING 1 218 PLACE OF INJURY OR 10 of About 210. WHERE DID 215. ACCIDENT WAS UNDERLYING 1 218 PLACE OF INJURY OR 10 of About 210. WHERE DID 216. ACCIDENT WAS UNDERLYING 1 218 PLACE OF INJURY OR 10 of About 210. WHERE DID 217. ACCIDENT WAS UNDERLYING 1 218 PLACE OF INJURY OR 10 of About 210. WHERE DID 218. PLACE OF INJURY OR 10 of About 210. WHERE DID 218. PLACE OF INJURY OR 10 of About 210. WHERE DID 219. PLACE OF INJURY OR 10 of About 210. WHERE DID 210. PLACE OF INJURY OR 10 of About 210. WHERE DID 210. PLACE OF INJURY OR 10 of About 210. WHERE DID 210. PLACE OF INJURY OR 10 of About 210. WHERE DID 211. PLACE OF INJURY OR 10 of About 210. WHERE DID 212. PLACE OF INJURY OR 10 of About 210. WHERE DID 214. ACCIDENT WAS UNDERLYING 1 DID 215. PLACE OF INJURY OR 10 of About 210. WHERE DID 216. PLACE OF INJURY OR 10 of About 210. WHERE DID 217. PLACE OF INJURY OR 10 of About 210. WHERE DID 218. PLACE OF INJURY OR 10 of About 210. WHERE DID 218. PLACE OF INJURY OR 10 of About 210. WHERE DID 218. PLACE OF INJURY OR 10 of About 210. WHERE DID 218. PLACE OF INJURY OR 10 of About 210. WHERE DID 218. PLACE OF INJURY OR 10 of About 210. WHERE DID 218. PLACE OF INJURY OR 10 of About 210. WHERE DID 218. PLACE OF INJURY OR 10 of About 210. WHERE DID 218. PLACE OF INJURY OR 10 of About 210. WHERE DID 218. PLACE OF INJURY OR 10 of About 210. WHERE DID 218. PLACE OF INJURY OR 10 of About 210. WHERE DID 218. PLACE OF INJURY OR 10 of About 210. WHERE DID 218. PLACE OF INJURY OR 10 of About 210. WHERE DID 218. PLACE OF INJURY OR 10 of About 210. WHERE DID 218. PLACE OF INJURY OR 10 of About 210. WHERE DID 218. PLACE OF INJURY OR 10 of About 210. WHERE DID 218. PLACE OF INJURY OR 10 of About 210. WH						
:	21A ACCIDENT WAS HAD SHAPE OF DEATH						
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inotify medical examines) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR? While At The New While The Company of the While The Company of th						
3	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?						
	Not While At Work At Work						
	22. I certify that (this hospital) attended the deceased from / 7/15/72 / 19 72 to 7/25/19/72						
	11 11 11 11 11 11 11 11 11 11 11 11 11						
	ond hour ond from the couses stoted obove. (I) (We) (did) (did not) view the body ofter deoth.						
	Described Attending Med. Stoff th						
	23C. PHYSICIAN'S DEGREE Phys. Director Phys. W Director P						
	CHURCH HOMET HOSPITAL						
Ĩ	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stole)						
	BUBIAL 7/29/12 OAK LAWN BALTO, CO. Md.						
	25A. DATE REC'D BY HEALTH DEPT 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS						

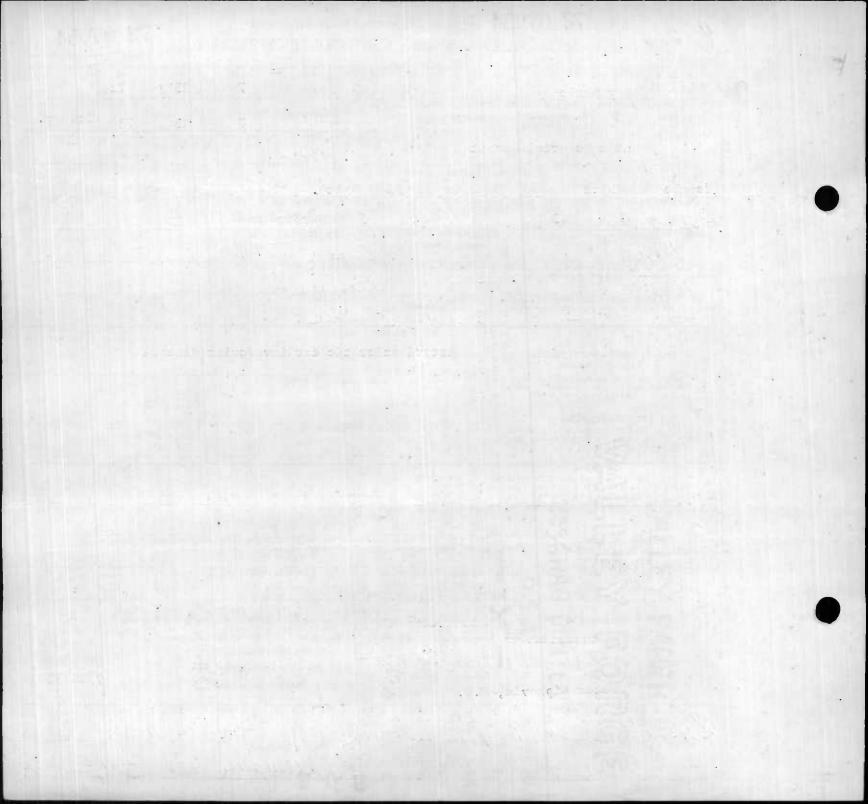
distri Territor of the sale for the sale for

BALTIMORE CITY HEALTH DEPARTMENT							
BIR	TH NO.	72 0705	3 CERTIFICA	TE OF DEATH		OF MARYLAND-DHMH	_
	AME OF DECEASED	ERNIC	E ICE	2. DATE A	7 251	12 9 AM	VI.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)							
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)				C.CITY OR TOWN D. INSIDE CITY LIMITS?			
1	2 -2 0:0 1	1		Balto., YES NO			
-4	Ballo Lity Hosp. 1940 Eastern Ave	enue Ballo 21	224	E. STREET AND NUMBER 3312 Hannony CT 21224			
5. S	temale Caudas	7- MARR		4/18/19/8	9. AGE (In years lost birthday)	Months Doys Hours Min.	ia .
	USUAL OCCUPATION (Give of during most of working life, ever	Martine 1	OF BUSINESS OR INDUSTRY D SERVICE	Maryland K	roign country) ENTUCKY	U.S.A.	¥?
13.	FATHER'S NAME			14 MOTHER'S MAIDEN NA	AME		_
	CHARLES	SMALL	NeoD	NANCY SMITH			
15. (Yes	Was Deceased Ever in U. S., no or unknown) (if yes, give v			BCH: RECORDS	4940 East	ADDRESS cern Avenue	
	NO		400348136	(6.5)	Baltimore	Maryland 2122	24
	DISEASE OR CONDI LEADING TO (This does not mean the	DEATH	CAUSE OF DEATH	SE Respirat	trong-carde	BETWEEN ONSET AND DEAT	H
	heart failure, asthenia, etc. injury or complication which	It means the dise in caused death.)	DUE TO, OR AS	A CONSEQUENCE OF:	avrent		
	ANTECEDENT CAUSES (OPD, HIVD OLD PRO						
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. (C) Spring maje maje maje maje maje maje maje maje						
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). ASCIVO C inf. Transmural MI Jeptal DISEASE OR CONDITION GIVEN IN PART 1 (A).						
RTIFIC	19A-DATE OF OPERATION 19A CONDITION FOR WHICH OPERATION WAS PERFORMED			20A-AUTOPSY? (Yes or NO	No. 208 IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?	
EDICAL CE	OR CONTRIBUTING TICAUSE OF See James John Sections, street, office			or obout 21 C. WHERE DID (II In Boltimore City, give exect location)			
MEDI	21D-TIME (Month) IDo OF INJURY (APPROX)	y) (Year) Hous	216 INJURY OCCURRED While At Not While Work Not Work	21F. HOW DID IN	NURY OCCUR		
	22. I certify that (I) (this hospital) attended the deceased from 7-25 19 72 to 7-25 19 72						
	that (I) (we) last saw the deceased alive an D.O.A. 19 and that in(my) (our) opinion death occurred on the date						
	and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.						
	23A. SIGNATURE Jeles J. Dorsen Monoger Attending Phys.				Shiff I	23B, DATE SIGNED	
			of Moderate Phy		Skaff Phys.	7-25-72	
	23C.PHYSICIAN'S NAME (Type) Peter D	orsen, M.D	•	23D. ADDRESS Baltimo 4940 Eastern		oitals more, Maryland 212	224
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, fown, or county) Sto							
BURIAL 7/28/1972 OAK LAWN BALTIMORE CO., Mg							
JUL 27 1972 Solvey Why tow 256, FUNERAL DIRECTOR LANGE OF REGISTRAR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR LANGE OF REGISTRAR DIRECTOR DIRECTO							
1.48	150 DEM 1/1//8	77 7					-



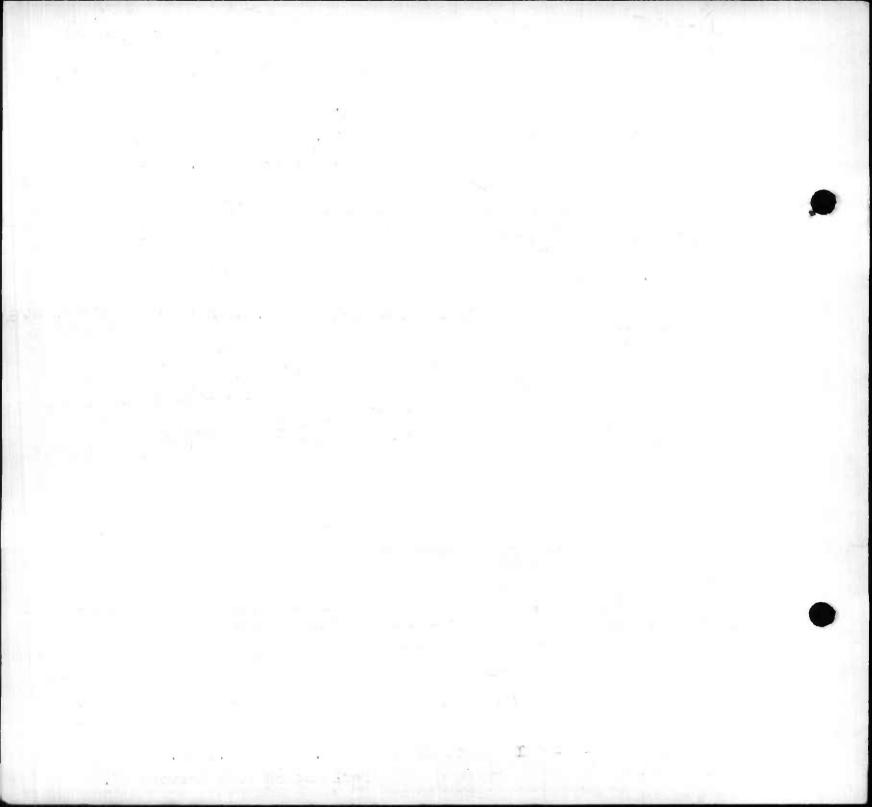
72 07054 STATE OF MARY AND PARTMENT

P	MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO.	2 07054				
	NAME OF DECEASED	2. DATE Known Known Doy	V - Li				
	pe or Print)	OF 7 23	72 Hour				
	May Barbe	DEATH	M,				
FUL	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD 7 23	72 Hour 2:20 p. M.				
	Union Memorial Hospital	5. USUAL RESIDENCE (Where deceosed lived. If institution: r A. STATE B. COUNTY	esidence before odmission)				
6.	SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY	LIMITS?				
f	emale White WIDOWED DIVORCED	Balto. YES					
9. 1	DATE OF BIRTH 10. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months, Doys Hours Min. Months Mon	E. STREET AND NUMBER 5806 Harford Road					
11.	BIRTHPLACE(State or foreign cauntry) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME Chrhardt					
1.40	.USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME					
don	e during most of working life, even if retired)	nume m.					
	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no or unknown) (If yes, give wor or dates of service)		PRESS				
	19. // CAUSE OF DEA	TH	APPROXIMATE INTERVAL				
	7/27		BETWEEN ONSET AND DEATH				
		clerotic cardiovascular disease					
	LEADING TO DEATH (A)IMMEDIATE C (This does not mean the mode of dying, e.g.,						
	heort foilure, osthenio, etc. It means the disease,	AS A CONSEQUENCE OF:					
	injury or complication which coused death.)						
	ANTECEDENT CAUSES (B)						
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:					
-	UNDERLYING CONDITION LAST. (C)						
Ô	11						
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL						
F	DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS DEDECIDANED	21. AUTOPSY? (Yes or No)				
岂	DATE OF OFERANOR 200. COMBINION FOR WHICH OFERANOR WA	AS FERFORMED	ZI. AUTOPSTY (165 OF INO)				
			no				
EDICAL	22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB- UTING ☐ CAUSE OF DEATH. 22B. PLACE OF INJURY(e.g., home, form, foctory, street, officents)	in or obout 22C. WHERE DID (If in Boltimore City, give exoct see bldg., etc.)	location)				
Σ	22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?					
	I APPROX 1	WHILE					
	3. I certify that I held an Inquiry Inspection XX Autopsy and that an this basis, death in my apinion						
	resulted fram: Natural causes XX Accident Suicident						
	ACTUAL X , P IN / 17/1	CHIEF MEDICAL EXAMINER	DATE SIGNED				
	SIGNATURE A CONTROL OF THE SIGNATURE	ASSISTANT MEDICAL EXAMINER	7/24/72				
	EXAMINER'S Peter Lipkovic, M.D.	ASSOCIATE MEDICAL EXAMINER	1/2-1/12				
24. RE	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, town,	or county) (State)				
Durial 1/26/TX More land Dallo Md							
25	A. DATE REC'D BY HEALTH DEPT 258. NAME OF REGISTRAR	250 FUNERAL DIRECTOR ADI	DRESS				
	JIII 27 1972 Diday lashorton	III Ideemany 6067	Hay Lord Ds				
VS	151 DEV 1/1/40	The second	11-9000				

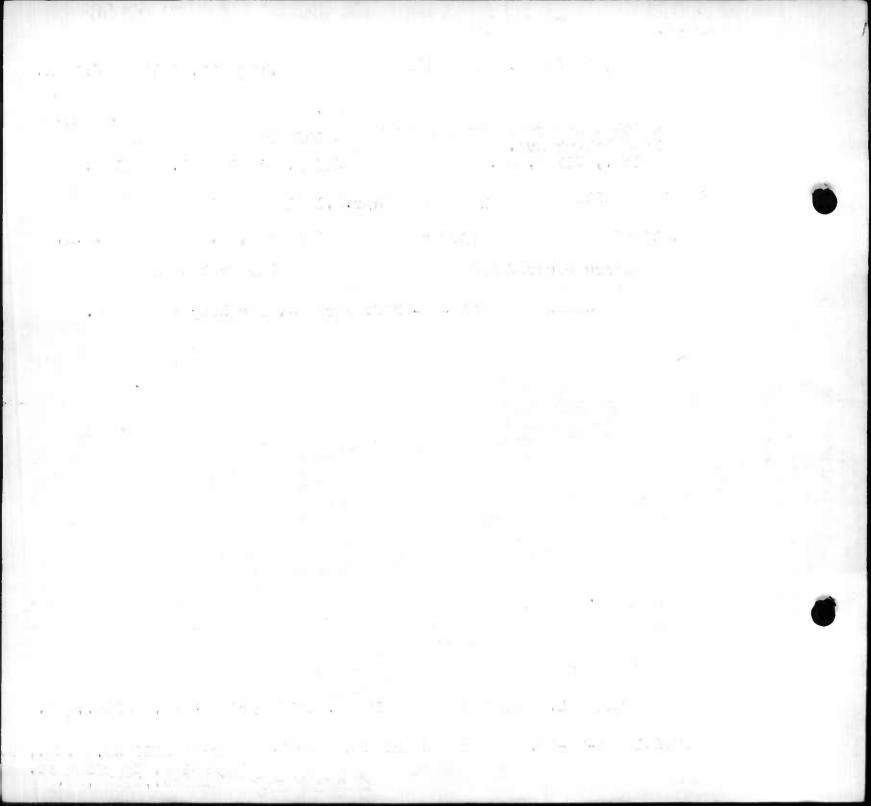


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

1				В	ALTIMORE CITY	HEALTH DEPART	TMENT		חבי	(: P10==	
BIRT	-350	72	0705	5 C	ERTIFICA	TE OF DE	ATH	REG. NO	12	0.7055	
1. N.	ME OF DECEASED	^					DATE AN	D HOUR OF DEATH	MARY	ATWD-DHAM	
			MAN		ATHA		7	- 22-	72	9.2	. о Р.м.
3. PI	ACE IN BALTIMORE,	MARYLAND, W	HERE PRON	OUNCED I	DEAD		B. COUN	e deceased lived. If i TY	nstitutions	residence before odr	nission)
HOS	PITAL OR ADD	OT IN HOSPITA	AL OR INST	TUTION, G	TEERTE EVE	Md:			0	1/43	
INST	Man Man	land	Gene	rel 1	Hospital	Balto.	N	D. INS	IDE CITY	2.4	
Ç.	-8 (827,	Lind	en an	venne,	E. STREET AND I			-		
		Ball	v, md			L		rn Ave. 2	1214		
5. SE	X C 6. RACE	N	MARRIE WIDOWE	-	R MARRIED DIVORCED	8. DATE OF BIRTH	-05	ost birthdoy)	Months.	Days Haurs	24 Hrs. Min.
10A.	USUAL OCCUPATION	Give kind of work					- 2	67 gn cauntry)	12. CIT	TIZEN OF WHAT CO	UNTRY?
	during most of working life Lousewife	, even il retired)	Home			Marylan	đ	.7 .75.07	U	SA	
	ATHER'S NAME					14. MOTHER'S M.		AE .			
He	nry W. Met	irer			T I	Kathari	ne	Dederer	1		
	os Deceased Ever in U		es?	1 6. SOC	IAL URITY NO.	17. INFORMANT				ADDRESS	
	no	THE THE OF BUILD	o service	215	10 8604	Kathari	ne E.	Ditman 3	310	Southern	AV
1	8. 4/2,4	1		CA	USE OF DEATH					APPROXIMATE INT	ERVAL
	DISEASE OR CO	NDITION DIR	ECTLY			0	4-	0.7		SEL WEEK ONSET AND	PEAIN
1 11	This does not mean read failure, asthenia,	the mode of	the diseas		DUE TO, OR AS		porale	ny tanku	re,	44	*****
	njury ar complication	which caused ENT CAUSES	death.)		MAC			9		1	
	DISEASES OR CONE		any sivin	(E	DUE TO OR AS	A CONSEQUENCE	OF:		******		
1	ise to the above	cause (A)		•	. 30c	elusion I	Litera	el carph	Ten		
	SADERETING CONDI	II		(0	,)			Ω.			*****
NO	THER SIGNIFICANT CO	NDITIONS COL	TRIBUTING	;					V		
CAT	O THE DEATH BUT NO	GIVEN IN PART	1 (A).	-						***********	
CERTIFICATION	ADATE OF OPERATION	WAS PERF	ORMED	WHICH O	PERATION	20A. AUTOPSY?	(Yes or Na)	208. IF YES, WERE IN CERTIFYING CA	USES OF	S CONSIDERED DEATH?	
10	A ACCIDENT WAS U	NDERLYING [2	B. PLACE C	F INJURY (e.g., in	ar obout 21 C. WHE	RE DID	(If In Ballimo	re City, giv	ve exoci location)	
5 0	EATH (notify medical e	xamined	el	c.)	tactary, street, off	ice bldg., INJURY C	OCCUR?				
0 2	D. TIME (Month)	(Day) (Yeorl			OCCURRED	I	N DID INT	RY OCCUR?			
1	APPROXJ			hile At	Nat While At Work						
2	2. I certify that (1) (this hospital)	attended	the decea	sed from	7 - 1	4-1	972_10		22-19	12
1	hat (1) (we) last sow				- 22-			t in (my) (our) opl	nion dec	oth occurred an th	ne date
	nd hour ond from the	couses state	ed obave.	(1) (We) (d	lid) (did not) vi	ew the bady afte	er death.				
	3A. SIGNATURE	0	nad		M · D After	ding Med		itelf 🗆	238, DA	TE SIGNED	
2	C. PHYSICIAN'S	Cam			OEGREE Phys.	Direct Direct		Phys.	1 1		
	NAME (Type)	Mushla	R) A	nue	d M.D	V- UDDKES?	Tanylo	and Gen	erel	Hospila	Il.
24A.	BURIAL CREMATION, REMOVAL (Specify)	248. DATE	24C.	NAME OF C	EMETERY OF CRE	MATORY	24D, LO	CATION (C	ity, tawn,	ar county) (S	late)
	irial	7-26-7	2 Imn	anu e]	Luther	an Cemi	Re	lto. Md.			
	DATE REC'D BY HEALT		25B. NAME	OF REGIST	RAR	25C. FUNERAL	DIRECTOR			ADDRESS	
JU	L & 1912	nove	July 1	ישועטי		tan TO He	eman	6067 Hari	ord	Rd.	

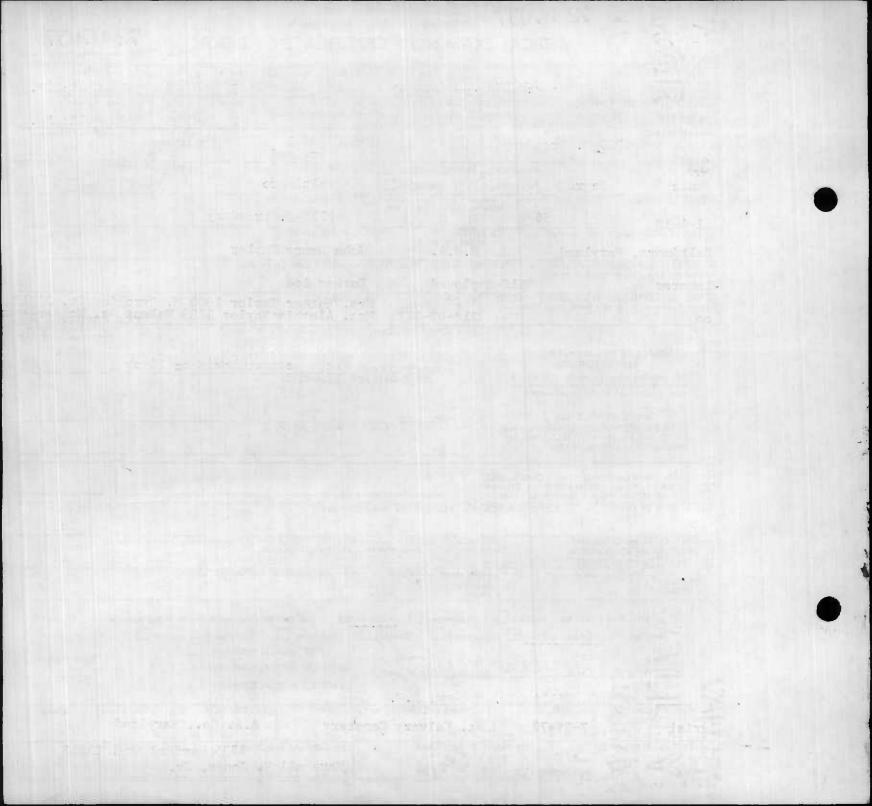


	2101	7770	OHOE	BALTIMORE CITY	HEALTH	DEPARTMENT	17	2 ()"	7056		
E)=60/	12	0705	CERTIFICA	TE O	F DEATH	REG. NO.	∧ल ग	APVI AND ENGINEER OF		
1	NAME OF DECEA		-				AND HOUR OF DEATH	OF M	ARILIAND-DHWH		
		AUGUSTA		BAUERNFEIND	July 25, 1972 , 5:15 A						
113	. PLACE IN BALTIN	ORE MARYLAND, W	HERE PRONOL	NCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE 8. COUNTY						
11.3	ULL NAME OF	UF NOT IN HOSPITA	AL OR INSTITU	TION, GIVE STREET	Md. 2611						
	NSTITUTION Edi	th A Ande	rson N	ursing Home	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
	70 360	14 Mohawk I	Ave.	~	-	Baltimos AND NUMBER		YES X	NO NO		
	/ Bal	to., 2120	7, Md.		11		Clinton St.	# 2	1224.		
5.		RACE	_	NEVER MARRIED	8. DATE C	F BIRTH	9. AGE (In years lost birthdoy)	II Und	er 1 Yr. II Under 24 Hrs.		
1	Female	White	WIDOWED	DIVORCED _	Apr.3	,1891	87		10013		
d	the natified most of Moti	king life, even if refired]		BUSINESS OR INDUSTRY				12. CIT	TZEN OF WHAT COUNTRY?		
1	Retir	60	Wa	aitress		Baltimor			U.S.A.		
"		Henry Bau	orofoi	ad	14. MOTH	ER'S MAIDEN N		[-			
15		er in U. S. Armod Force			17		Margaret Ra	un			
(Y	es, no of unknown) (If	yes, give wor or dotes	of service)	SECURITY NO.	17. INFOR				ADDRESS		
-	No					rie A.	Doughney :		Same.		
	DISEASE	OR CONDITION DIR	ECTIV	CAUSE OF DEATH		0 0 -	1 1/	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	MOT A LE	ADING (O'DEATE	-	(A) IMMEDIATE CAU	leno	Selen	olic Hea	Y	- 5m		
	This day not		the disease.	DUE TO, OR AS	CONSEQU	JENCE OF:	Leisen	77			
	inition complic	henio, elc. It means	degm.)	11	1	0	+.	,	, /		
	CHEE OP-10	ECE AN ANSE	110	- (B) Her	X	I rost	ration		20 hours		
	DISEASES CORAS	GON MEDONA EXAM	MER glang	DUE TO, OR AS	A CONSEC	UENCE OF:	1 / 1 /		*		
	UNDERLYING CONDITION last. (C). 1-1-1					Vasenle	u Sclen	5			
2	OTHER SIGNIFICA	II NT CONDITIONS CON	ITDIDITING	e 1	1	~ _	0 1	p			
ATI	TO THE DEATH BE	UT NOT RELATED TO THE	E TERMINA!	Jeneraly	is 1	isleno	- Selem				
CERTIFICATION	19A. DATE OF OP	ERATION 198 COND	ITION FOR W	HICH OPERATION	20A. AL	JTOPSY7 (Yes or	No) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS	CONSIDERED		
ERT	O Non		N	ime		NO.		USES OF	DEATH?		
J	OR CONTRIBUTION DEATH (notify med	G CAUSE OF	[nome,	LACE OF INJURY (e.g., in form, foctory, street, olf	ce bldg., It	JURY OCCUR?	(If In Boltimor	City, giv	re exect location)		
		/	u elc.)	None			Nmc				
MEDI	OF MAJORI	onth) (Day) (Yearl		NJURY OCCURRED Not While	1	F. HOW DID I	NJURY OCCUR?				
	(APPROX.)	None	AAOUK	AI WORK			None,	1 2			
		t (1) (this hospital)		V . 1/ 6 10 //	4	10	_19 //_ to fu	7 -	19 72		
		t saw the deceased		my 290	19	2ond	that in (my) (🖛 api	nian dec	th accurred on the dote		
	23A. SIGNATURE	om the couses stote	d above. (1)	(We) (did) (did not) vi	ew the bo	dy ofter deoth	10				
	4.1	1 A RI.		h o Atten	ding (T)	Med.	Stoff []	23 B. DAT	E SIGNED		
	23C. PHYSICIAN'S NAME (Type)	J. Oran	hen .	M OEGREE Phys.	D. ADDRE	Director L	Staff Phys.				
	NAME (Type)	EARL L.	CHAME	_ /	100 W		Spring Lan	e. Ra	alto. IA Md.		
24	A. BURIAL CREMAT	ION. 24B. DATE		ME OF CEMETERY OF CREA				y, town, o			
	Burial	7-28-72		cred Heart							
25	A. DATE REC'D BY	HEALTH DEPT. / 2	SB NAME OF			NERAL DIRECTS		Hill N	Rd. Ba. Co. Md		
	JUL 27	1972 700	wym	VAN AND OF	Bh	artes &	(Ja. Ja. 9 9 1 1 3	5. Co	onkiina 5t.		
'VS	150-REV. 1/1/68		-/-			, , , , , ,	O Date	U 8 9 Z.	1224 110		



MEDICAL	EY A MINIED'S	CERTIFICATE	OF D	FATH
MILDICAL	LVWMIII 4FV 2	CLKIIIICAIL	OI D	LA III PEG NO

1		7%	2 67057	7 STA	TE OF MARYT	AND=DHI	RTMENT					
7-500 or	T-460 BIRTH NO.				MINER'S			DEAT	H REG. NO.	72 (7057.	
	1. NAME OF DEC		II Marria			2. DATE OF	Known DK	Month	Doy	Yeor	Hour	
	John H. Tay Ior Henry Funnie) 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						Estimoted 🗆	7	25 Day	72 Yeor	12:23P. M.	
	FULL NAME OF	(IF NOT IN	HOSPITAL OR INS			3. DATE PRONO	UNCED DEAD	Month	25	72	12:23P. M.	
	HOSPITAL OR INSTITUTION		or Location) Broadway			A. STATE	residence (wher	e deceased li				
	6. SEX	7. RACE	B. MARR	RIED . N	NEVER MARRIED	C. CITY OF			D. INSIDE C	ITY LIMITS?	WITS?	
	Male	Negr	O WIDOV	VED D	DIVORCED [E	Baltimore		Y	ES 🖺	по 🗆	
	9. DATE OF BIRT	H 10	AGE (in years st birthday)		1 Yr. If Under 24 Hrs. Doys , Hours , Min.		AND NUMBER			7111		
	1-4-18		54				716 N. Br	oadway				
	II. BIRTHPLACE (S	Stote or foreign c	country)	12, CITIZ		13. FATHER		1				
	Baltimore	, Maryla	ind		S.A. INESS OR INDUSTRY		Henry Tay					
	done during most of v	working life, even i	if retired)				er Lee	ME				
	Laborer	ED EVER IN U.S		-Emp]	SOCIAL			1 16	02 N A	DDRESS	S+ 21213	
	16. WAS DECEAS (Yes, no or unknown	(if yes, give wor	or dotes of service	21	SECURITY NO. L8-03-2289	Mrs. A	lethia Tay	ylor 1	239 Walı	nut Sp	e St. 21213 enMgKefyfspo	
	19.	1.8			CAUSE OF DEA					AF	PROXIMATE INTERVAL	
		E OR CONDITIO										
	(This does o	LEADING TO DI	de of dulon en		(A)IMMEDIATE C	AUSE Fat	ty metamo	rphosi	s of liv	ver		
	heart foilure	, osthenia, etc. It i mplication which c	meons the disease,		DUE TO, OR	AS A CONSEC	SOEWCE OLI					
		NTECEDENT CA	HCEC		(a)							
			IS, IF ANY, GIVING (A) STATING THE		DUE TO, OR	AS A CONSE	QUENCE OF:					
	UNDERLYII	NG CONDITION	N LAST.		(c)							
	OTHER SIGN	- 11										
	DISEASE OF	ATH BUT NOT RE	TIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS THE TERM VEN IN PART 1 (A)	MNAL								
	20A. DATE O	F OPERATION 2	20B. CONDITION	FOR WH	ICH OPERATION W	AS PERFORM	MED			21. AUTO	Yes Yes	
	UNDERLYING	NAL CAUSE WAS ON TRI	B-	22B. PLA home, for	CE OF INJURY (e.g., rm, loctory, street, office	in or obout e bldg., etc.)	22C. WHERE DID NJURY OCCUR?	(If in Baltimo	re City, give ex	act location)		
	22D. TIME OF INJURY (APPROX.)			m. WHIL	HJURY OCCURRED	WHILE O	22F. HOW DID IN	IJURY OCC	UR?			
	23.	lify that I held	on Inquiry	_		topsy X	and that on t	this basis,	death in my	opinion		
	resul	ted from: Nati	ural causes 🗵	Acci	dent D Suicid				ned manner			
	ACTUAL	7	1	N 1	1, 1		CHIEF MEDICAL				DATE SIGNED	
	SIGNAT	A 1	4 Mi	IVV	Well M.O	•	ISTANT MEDICAL				7 26 72	
	EXAMIN NAME (William I	D Mrs	110v	ASSO	OCIATE MEDICAL	EXAMINER			7-26-72	
	24A. BURIAL CRE	MATION, 248.	WIIIIAM I	24C. N	NAME of CEMETERY	or CREMATO	ORY 24D.	LOCATION	(City, tow	n, or county) (State)	
	REMOVAL (Spec Burial	ify) 7.	-29-72		. Calvary C				o., Mary			
	25A. DATE REC'D	BY HEALTH DE	258. N	NAME OF	REGISTRAR	1	FUNERAL DIRECT			DORESS !	21213	
	AAL "	IJIL /	750777	7770		17.10		JULICO	, 01.			



1	72 0	705	STI	TE OF MARYLA BALTIMORE CITY HE	ND-DHMH ALTH DEPAR	TMENT					,	OBOEO
7-510				KAMINER'S				DEAT	H REG. 1		12	07058
BIRTH NO.							- av					
1. NAME OF DECEASED (Type or Print)	NORMAN	KEMP	Jr	•	2. DATE OF DEATH	Knowr Estimo	ated []	Month July	25, 1	.972	Yeor	8:06 P.
4. PLACE IN BALTIMORE, N	ARYLAND, Y	VHERE P	RONG	DUNCED DEAD	3. DATE			Month	Doy		Year	Hour
FULL NAME OF (IF N HOSPITAL ADD OR INSTITUTION	OT IN HOSPITA	AL OR INS	STITUTI	ON, GIVE STREET	PRONOU			July	25, 1	.972		8:06 P.
Baltimo	re City	Hos	pit	al	A. STATE	Mary!		deceosed I	B. COUN	TY	sidence	before odmission)
6. SEX 7. RACE		B. MAR	PIED (NEVER MARRIED	C. CITY OR	NWO			D. INSID	E CITY	LIMITS?	
Male Wh	ite	WIDO	_			Balt:	imore			YES [-	
9. DATE OF BIRTH	IO. AGE (I	n yeors	I If U	nder 1 Yr. II Under 24 Hrs.	E. STREET A				1	YES [4	ио Ц
Dec. 25, 1954	last bigthdo	ν)	Mont	hs Days Hours Min.		704	B. Ba	yliss	Stree	t		
11. BIRTHPLACE (State or fore	rign country)			TITIZEN OF YHAT COUNTRY?	13. FATHER'S			emp S	**			
14A.USUAL OCCUPATION (G	- 1. 1. 1. 1.	5 4D 1215 D										
done during most of working life,	even lifetired)			Factory				ntine				
16. WAS DECEASED EVER IT	U.S. ARMEI			II7. SOCIAL	18. INFORM	ANT				ADDI	RESS	
(Yes, no or unknown) (If yes, give	war or dotes	of service	e)	SECURITY NO.	Norma		Kemp	Sr.	704 5			Street
119. F O / O X				CAUSE OF DEA							A	PPROXIMATE INTERY
E7101											BEIA	WEEN ONSET AND D
DISEASE OR CON		CTLY				<u>.</u>	raatu	re of	noals			
(This does not mean th		Ing. e.g.		(A) IMMEDIATE (AS A CONSEQU			re or	песк			
heart fallure, osthenia, e injury or complication w	tc. It meons the	e disease,		DUE 10, OK	AS A CONSEQU	ENCEO	1.					
injury or complication w	incii consed de	un.,		4								
ANTECEDEN				(B)				1				
DISEASES OR CONDI	TIONS, IF AN'	Y, GIVING	S E	DUE TO, OR	AS A CONSEQ	UENCE (OF:				9	
I I UNDERLYING COND	MON LAST.			(c)								
<u> </u>	11											•
OTHER SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITION OF THE DEATH OF THE D	OT RELATED TO	THE TERA	MINAL									
20A. DATE OF OPERATION				WHICH OPERATION W	AS PERFORMI	D				[2	I. AUTO	OPSY? (Yes or No
				7							Υe	es
S 22A. EXTERNAL CAUS UNDERLYING ZOR CO	NTRIB-		22B.1	PLACE OF INJURY (e.g., larm, loctory, street, office	in or obout 22 e bldg., etc.) IN	C. WHE	RE DID (outbre	esterr	e exoct le	ocation)	م کال ح
UTING CAUSE OF DI		· 6:	1, 10	factory								lis St.
OF INITIRY	(Doy) (Yea		'	ZE.INJURY OCCURRED	Contract of the Contract of th							
(APPROX.) 7-25-7	2 7:25	P.	m. Y	WHILE AT NOT AT W	VORK C	augh	t hea	d in	elevat	or s	shatt	t
23.	hald an I			Inspection Au	· 🔻	الم المصا		to boots	d		1	
I certify that I		-					_			-	HOIN	
resulted from:	Natural cau	ises 🔲	A	ccident X Sulcid		nicide			Ined mann	ier 📙		
ACTUAL	-m	21		101				XAMINER				DATE SIGNED
SIGNATURE	-//	KIN	4	A ruly M.D	ASSIS	TANT M	EDICAL E	XAMINER	K.		- 4	
	larvin S	5. PI	att	, M.D.	ASSO	CIATE MI	EDICAL E	KAMINER		July	7 26,	, 1972
24A, BURIAL CREMATION.	24B. DATE		24	C. NAME of CEMETERY	or CREMATO	RA	24D. I	OCATION	(City,	town, or	r county) (Stote)
REMOVAL (Specify) Burial	7-29-3	1972		Sacred Heart	Cemeter	y	Ba	ltimo	re Cou	mty,	Mai	ryland

VS 151-REV. 1/1/68

258. NAME OF REGISTRAR

25A. DATE REC'D BY HEALTH DEPT,

25C. FUNERAL DIRECTOR

ADDRESS

Lilly & Zeiler Inc. 1901-07 Eastern Ave.

Sanral Bourt Cometery Bullitains County, Santania

January 1 Tollin Day 1901-07 lastors

Hornett V. Nesto Sr.

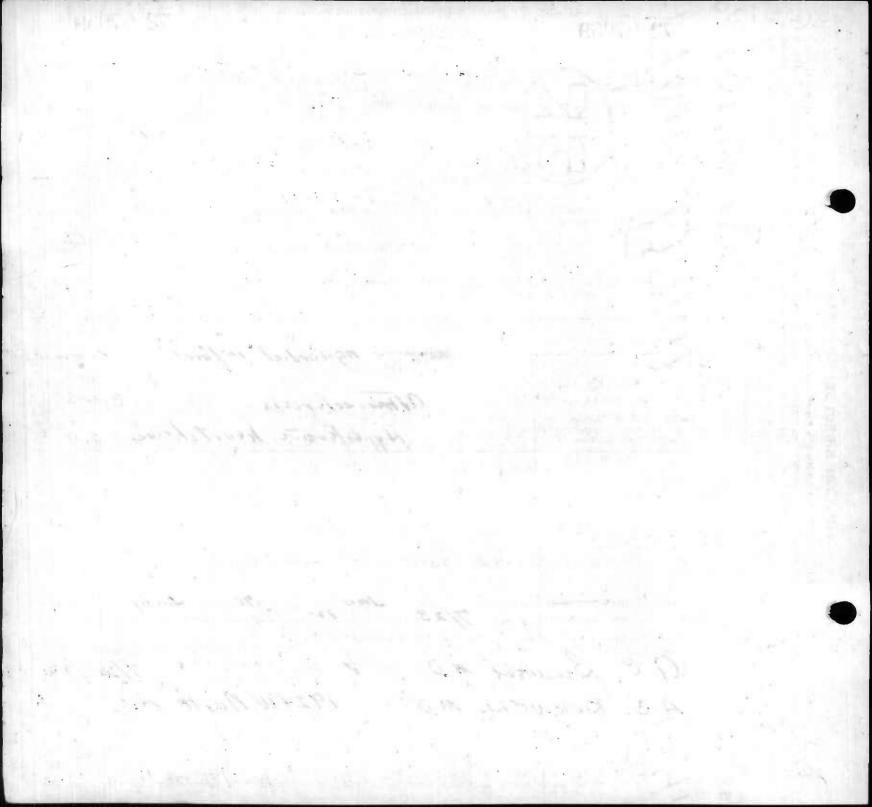
Horan R. Kanp Dr. 7th S. Parkly Burnell

sentamentsV embosis

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

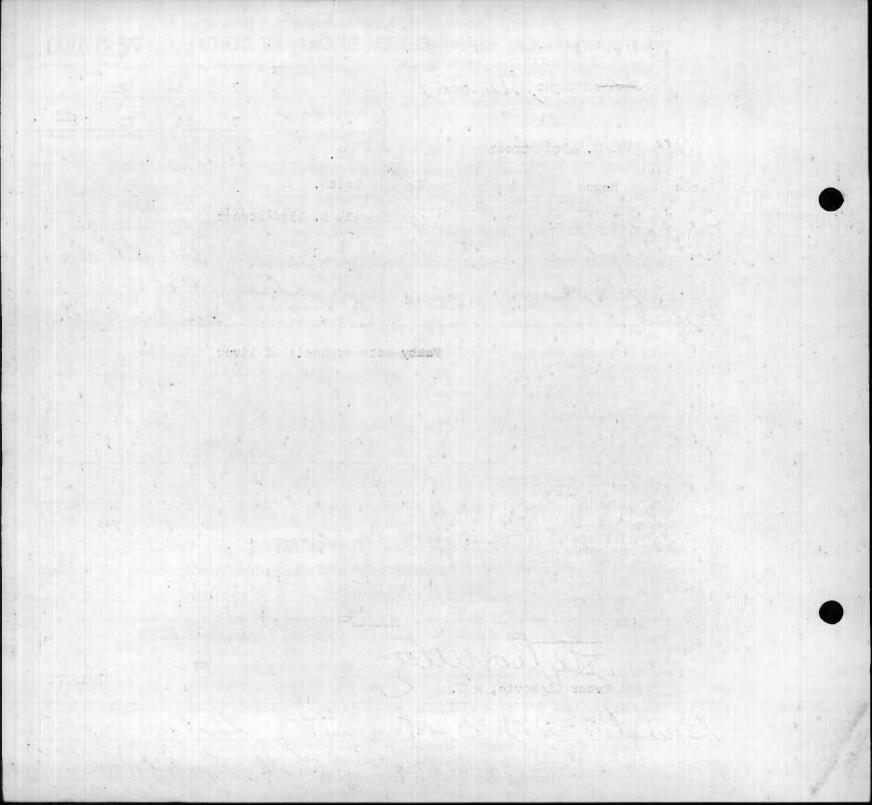
VS 150-REV. 1/1/6B

BALTIM	ORE CITY HEALTH DEPARTMENT
BIRTH NO. 72 07059 CERT	TIFICATE OF DEATH REG. NO. 72 07059
1. NAME OF DECEASED MARYLAND -DHMH	2. DATE AND HOUR OF DEATH
NODERT E. HNORE	SON St. 1/29/72 8 AM.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE S' ADDRESS OR LOCATION)	
INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS? YES NO
	E. STREET AND NUMBER
1835 Walbrook Ave.	1835 WAIDrOOK Ave.
S. SEX 6. RACE 7. MARRIED NEVER MA	lost birthdoy) Months; Doys Hours Min.
MIDOWED DIVO	INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	10 1
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
81 + E h. 1	P = P
15, Wos Deceosed Ever in U. S. Armed Forces? 16, SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wer or dotes of service) SECURITY	
11B./// CAUSE	OF DEATH OF DEATH OF DEATH OF DEATH
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	EDIATE CAUSE Myocardial infureT 10 minutes
heart tollule, osthenio, etc. II means the disease,	TO, OR AS A CONSEQUENCE OF:
injury or complication which caused death.) ANTECEDENT CAUSES	345
(B)	TO. OR AS A CONSEQUENCE OF:
rise to the abave cause (A) stoting the	HUNENTERSIJE HEART disses 6 ars
UNDERLYING CONDITION last. (C)	77
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
198. CONDITION FOR WHICH OPERAT	TION 20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19A. CONDITION FOR WHICH OPERAT WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 121B. PLACE OF IN.	JURY (e.g., in or about 21 C. WHERE DID (If in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, farm, foctory	r, street, office bldg., INJURY OCCUR?
O 21D TIME (Month) (Day) (Year) (Hourd 21E INTURY OCC)	URRED 21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) While At Work	Not While At Work
22. I certify that (1) (This hospital) ottended the deceased	
that (I) (we) lost sow the deceased alive on 7/2	5
ond hour and from the couses stated above. (1) (We) (did) (did not) view the body after death.
23A. SIGNATURE	23B, DATE SIGNED
G. C. Surwell M.L.	Attending Phys. Med. Stoff Phys. Director Phys. 17/26-5/72
23 C. PHYSICIAM'S NAME (Type)	23D. ADDRESS
23C. PHYSICIAN'S NAME (Type) A. C. B.URWELL 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMET	D DEGREE 1924 W. MOZHM AVE,
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMET	TERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)
154rial 7-27-72 MT. Aux	burn Cem. Westport, Md.
25A. DATE REC'D RY HEALTH DEPT. 258 NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
The state of	from ENIGHT Euberal Home-1129N. Caroline ST



BALTIMORE CITY HEALTH DEPARTMENT

72	07060MEL	CAL E	XAMINER'S	LEKTIFIC	ATE OF	DEAT	H REG. NO.	121	07060	<u>}_</u>
NAME OF DEC	EASED MARYLAN	D-DHWH		2. DATE	Known XXX	Manth	Day	Yeor	Haur	
Type or Print)	Junior Wrigh	t, (10)	YIEUS)	OF DEATH	Estimated	7	24	72		м.
PLACE IN BAL	TIMORE, MARYLAND, V			3. DATE		Month	Day	Year	Hour '	
FULL NAME OF HOSPITAL DR INSTITUTION	(IF NOT IN HOSPIT		ON, GIVE STREET	PRONOUN		7	24	72	8:35	P .M.
00	422 E. 23rd	Street		A. STATE Md.	DENCE (Where		B. COUNTY	n: residence t	20	(d)
S. SEX	7. RACE	8. MARRIED	NEVER MARRIED	C. CITY OR TO			D. INSIDE CI	TY LIMITS?		
male	Negro	WIDOWED		Balto			YI	ES 🗌	NO 🗆	
P. DATE OF BIRTH	10. AGE (I last birthdo		nder 1 Yr. If Under 24 Hrs. ths Days Haurs Min.	E. STREET AN	. 23rd S	treet				
1. BIRTHPLACE (S	tale or fareign country)		CITIZEN OF	13. FATHER'S	NAME ,		1	11	. /	
4A JISUAL OCCU	PATION (Give kind of work	14B, KIND OF	BUSINESS OR INDUSTRY	IS MOTHER'S	MAIDEN NA	(A)	Vin	zht.	as	-
	varking lifegeven if retired)	THE CITY OF	BOSH VESS OR HAD BOSK I		n n	- 7	111.1	0.)	
6. WAS DECEASE	EN EVER IN U.S. ARME	FORCES?	17. SOCIAL	18. INFORMA	NI	v C	A	DDRESS		—
Yes, na or unknown)	(If yes, give war ar dates	af service)	SECURITY NO.	1.11	-100	1	In les	10,5	1795.	13:4
14. 6 7	1.0		CAUSE OF DEAT	TH	June 1		- Como		PROXIMATE INT	
DISEAS	E OR CONDITION DIRE	CTLY	Fatty m	etamorph	osis of	liver		BE144	ELIN ONSET AN	U UCAIN
	LEADING TO DEATH		(A)IMMEDIATE C							
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injury ar cam	nplication which caused de	ath.)								
	NTECEDENT CAUSES		(B)							
RISE TO THE	OR CONDITIONS, IF AN	Y, GIVING TING THE	DUE TO, OR	AS A CONSEQU	ENCE OF:					
Z	IG CONDITION LAST.		(c)							
	II IIFICANT CONDITIONS C ATH BUT NOT RELATED TO									
DISEASE OR	CONDITION GIVEN IN P		WHICH OPERATION WA	AS DEDECORMED		alar alis ann ann dan agh ann agu illi dan agh agu ggh dyn ag		21 AUTO	PSY? (Yes or	No
O DATE OF	OFERATION 200. CO	NDIIION FOR	WHICH OPERATION WA	45 PERFORMED				ye		140)
ZZA. EXTERI	NAL CAUSE WAS	22B.	PLACE OF INJURY(e.g.,	in ar about 22C	WHERE DID	(If in Soltimar	e City pive ex			
O O TO ENETHING	OR CONTRIB-	hom	e, farm, factory, street, affice	e bldg., etc.) INJI	URY OCCUR?	(ii iii oomina	e City, give exc	act rocumon)		
OF INJURY (APPROX.)	(Manth) (Day) (Yea	1	YHILE AT NOT AT W	WHILE	HOW DID IN	JURY OCCI	JR?		Buris.	
23.										
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result	red fram: Natural cau	ses XX A	ccident Suicid				ned manner [
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SIGNATI	- //	/	A .D		ANT MEDICAL E				7/25/7	2
NAME (T		pkovic,	M D.	ASSOCI	ATE MEDICAL E	XAMINEK			.,,.	
24A. BURIAL CREA	MATION. 24B. DATE	777 24	C. NAME of CEMETERY	OF CREMATORY	24D.	LOCATION	(City, town	n, or county	(Stote	1
Dues	allo	7/1	Dello.	Clove	ley	K	MA		The	-
25A. DATE REC'D	BY HEALTH DEPT. UL 27 1972	258 NAME	of REGISTRAR	2SC. EUI	NERAL DIRECTO	OR Z	under	DDRESS	110	91
'S 151-REV. 1/1/68		4-7	4-2-0	150	2 6		- very	///	1	



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BALTIMORE CITY HEALTH DEPARTMENT

BIR	-11 110			XAMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO.	2 07	061	
1. 1	NAME OF DEC	EASED MARYLAND	-DHMH		2. DATE	Knawn XX	Manth	Doy	Year	Hour	_
(Тур	oe or Print)	Lawrence E		7	OF DEATH	Estimated	7	2.5	72		M.
4. 1	PLACE IN BAL	TIMORE, MARYLAND, W			3. DATE		Manth	Day	Yeor	Haur :	141.
HO:	L NAME OF SPITAL INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITUTION)	TION, GIVE STREET		UNCED DEAD	7	25	72		a . M.
	00	1924 Hillenw	ood Roa	ıd	5. USUAL RESIDENCE (Where deceased lived, If Institution; residence before adm A. STATE Md.						
6. 9	SEX	7. RACE	8. MARRIED	NEVER MARRIED	C. CITY OF	TOWN		D. INSIDE CI	TY LIMITS?		
	male	Negro	WIDOWED			lto.		YE	s 🗌	по 🗆	
2	DATE OF BIRT	H 10. AGE (In	y) Mo	Jnder 1 Yr. If Under 24 Hrs. nths: Doys Haurs Min.		AND NUMBER 24 Hillenw	rood R	nad			
111	BIRTHPI ACE (State or foreign country)	12	CITIZEN OF	13. FATHER		VOOU IX	oau			
' '	V	4	/	WHAT COUNTRY?	9	11110-	- 8-	6	0.		
			14B. KIND O	BUSINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN NA	ME) The	Rage		_
done	e during mast of v	varking lite even if retired)	the	C	1	11-10	Ja	.80	, /		
		ED EVER IN U.S. ARMED		17 SOCIAL	18. INFOR	MANT		AL	DRESS	, .	
(Yes	na r unknawn	(If yes, give war ar dates	of service)	SECURITY NO.	Has	in ot	600	0 - 19	74%	4000	aff
	19. ///	1.4		CAUSE OF DEA	ATH COL			1		PROXIMATE INTER	
	DISEAS	E OR CONDITION DIRE	CTLY	Arteriosc:	lerotic	cardiovas	cular	disease	02111	CEN ONSE AND	r.com
		LEADING TO DEATH		(A)IMMEDIATE	CAUSE						
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	injury or car	mplication which caused de	oth.)								
	ΔΙ	NTECEDENT CAUSES		(0)							
		OR CONDITIONS, IF ANY	, GIVING	DUE TO, OR	AS A CONSE	QUENCE OF:					
	RISE TO TH	E ABOVE CAUSE (A) STAT NG CONDITION LAST.	TING THE								
ATION				(C)							
	OTHER SIGN	II IFICANT CONDITIONS C	ONTRIBUTING	3							
SE SE	TO THE DE	ATH BUT NOT RELATED TO	THE TERMINA								
		CONDITION GIVEN IN PA		R WHICH OPERATION W	AS PEDEORA	A FD			21 AUTO	PSY? (Yes ar N	(a)
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S	UNDERLYING	OR CONTRIB-	han	ne, farm, foctory, street, affi	ce bldg., etc.)	NJURY OCCUR?	(II III odilime	ore City, give exu	crioconan)		
	UTING CA	(Manth) (Day) (Year) /H\	22E. INJURY OCCURRED	-	22F. HOW DID IN	IUDY OCC	TIP2			
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	(APPROX.)		m.		WORK						
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		rify that I held an 1									
	resul	ted fram: Natural cau	50S A.	Accident 🗌 Suici							
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	ACTUAL SIGNAT	- Y - /	ILL	rung M.	D. ASS	ISTANT MEDICAL	EXAMINER	探			
	EXAMIN	, ,	Lipkovi	.c, M.D.	ASSO	OCIATE MEDICAL	EXAMINER		/	/25/72	
24	NAME (Туре)		4C. NAME of CEMETERY	or CREMATO	DRY 24D	LOCATION	V (City town	, or county) (State)	
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25,	A. DATE REC'D	BY HEALTH DEPT.	1 /1 4	E OF REGISTRAR	25C	FUNERAL DIRECT	OR 1	-1/ A	DDRESS	41	1
		JUL 27 1972.	Dra	wy who it	and be	South	-/-/	4. 11.	24.	Main	link
VS	151-REV. 1/1/6		7 1	11: 11:	3	0-2-0				V	

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ng cause of death cause; (5) Deceased hospital death. ance attend 0 prior or contributing determined made regular deceased disposition is death = 5 Was the 4 death LO final attendance any pronounced 0 med fracture of embal gular physician remains chief medical Was burns; physician the (2) Body the 0 before the where to the hospital °Z nature; obtained 9 approved (except and any of death) hospital dy was released to (1) An arrest must 0 approval 0 prior at O. A. eceased Ö SD M

REMOVAL (Specify)

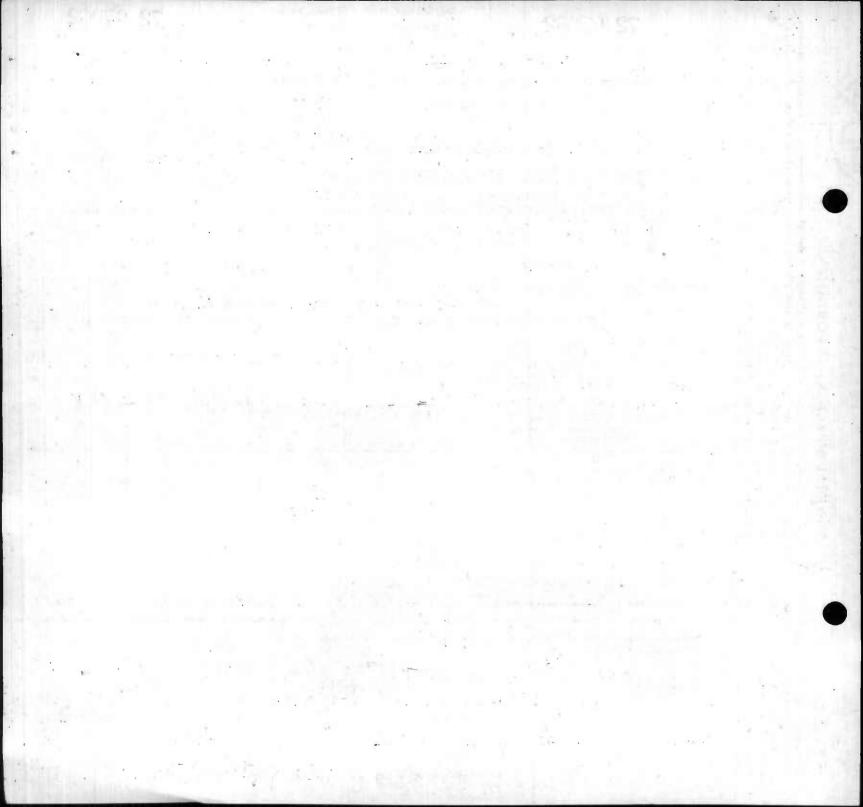
Burial

VS 150-REV. 1/1/68

Ö

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH on the Such BIRTH NOSTAT 2. DATE AND HOUR OF DEATH NAME OF DECEASED (Type or Print) Mary E. Albaugh July 26, 1972 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS Baltimore YES * NO 723 E. Cold Spring Lane E. STREET AND NUMBER 723 E. Cold Spring Lane 21212 8. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. 5. SEX 6. RACE If Under 1 Yr. Manths: Days 7. MARRIED NEVER MARRIED Hours last birthdoy) 4-18-1878 WID OWED * 94 DIVORCED 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working lite, even if retired)
Homemaker USA Own Home Baltimore, Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Edward Norris Emma King ADDRESS 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. No 2117-48-0253 Mrs. Evelyn A. Hewitt Same CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart foilure, osthenio, etc. Il meons the diseose, injury or complication which coused death, heric - schoofie Vas Heart Dis ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the above cause (A) stating the UNDERLYING CONDITION lost. ERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUJOPSY? (Yes or No) 208. IF YES. WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Ū 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, farm, factary, street, affice bldg., INJURY OCCUR? (If in Baltimare City, give exact location) DEATH (notify medical examiner etc.) MEDI 21 D. TIME (Manth) (Day) (Year) (Haur) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While OF INJURY While At (APPROX.) 22. I certify that (1) (this hospital) attended the deceased from 19 72 that (1) (we) last saw the deceased alive an.... ...and that in(my) (our) apthian death accurred an the date and haur and fram the causes stated abave. (1) (We) (did) (did not) view the bady after death. 238. DATE SIGNED 23A. SIGNATURE Shaff Phys. Director Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) Carl F. Benson 5111 York Road 24A. BURIAL CREMATION, 248. DATE

24C. NAME of CEMETERY OF CREMATORY Park 24D. LOCATION (City, town, at county) (State) 7-29-72 Meadowridge Memorial Dorsey, Md. 2587 NAME OF REGISTRAR ADDRESS 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR Jenkins & Sons Co. Mork Road Balto.,

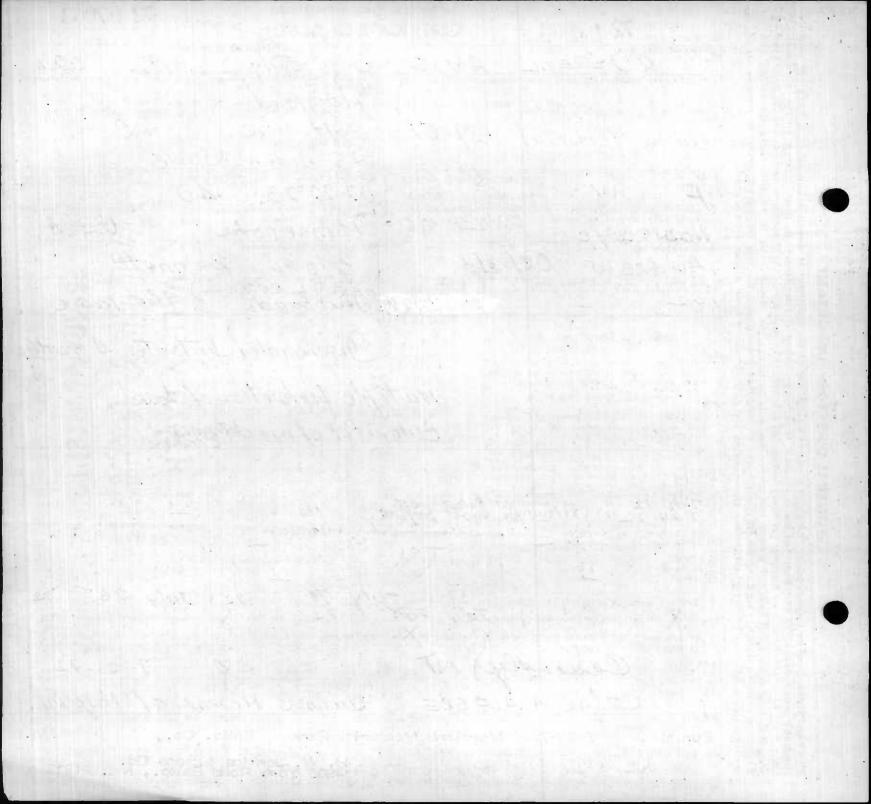


BALTIMORE CITY HEALTH DEPARTMENT

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BIRTH NOSTATE OF MARYERS-DIMIN CERTIFICA	ATE OF DEATH
1. NAME OF DECEASED (Type or Print) R () SSELI AVIS	2. DATE AND HOUR OF DEATH TILLY 2 6 46 1971 02 1
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland - (1)
INSTITUTION	Baltimore, D. INSIDE CITY LIMITS?
Union Memorial Hospital	E. STREET AND NUMBER
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.
WIDOWED DIVORCED	07-22-23 lost birthday 9 Months Doys Hours Min.
done during most of working life, even if retired) OWN Hom E	Y 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
HOWSe Wife	14. MOTHER'S MAIDEN NAME
Audrew Orfield	alpha Bennett
15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	HARRY L. RUSSELL) ADDRESS
NO 476-19-19-37	THE Salle
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g.,	use diseminated ferrionitis 4 months.
heort failure, osthenia, etc. It meons the disease, injury or camplication which caused death.)	A CONSEQUENCE OF:
ANTECEDENT CAUSES (B) HUIT	the perforation of some
DISEASES OR CONDITIONS, if any, giving DUE TO, OR A rise to the abave cause (A) stating the	A CONSEQUENCE OF:
UNDERLYING CONDITION last. (C) Colle	ritis of non determined
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED (1) PART 1. (A).	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
17-94-72 (2) (2) Multiple bowel perfora	
OR CONTRIBUTING CAUSE OF home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
While At Not Who At Work	
22. I certify that Withis haspital) attended the deceased from That William last saw the deceased alive an Toly 26K	1972 and that in (hay) (aur) opinion death occurred an the date
and haur and fram the causes stated above. (We) (did) (did nat)	
23A. SIGNATURE	tending Med. Staff 7- 26- 72 ys. Director Phys. 7
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
CESAR A. ALEGRE DEGRE	
24A. BURIAL CREMATION, REMOVAL (Specify) 7-28-72 Moreland Men	
25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR	OSC FUNEDAL DIRECTOR
III 6 (1917) The least to the contraction	H. W. Jenkins & Sons Co. 194905 York Road Balto., Md. 21212

VS 150-REV. 1/1/6B

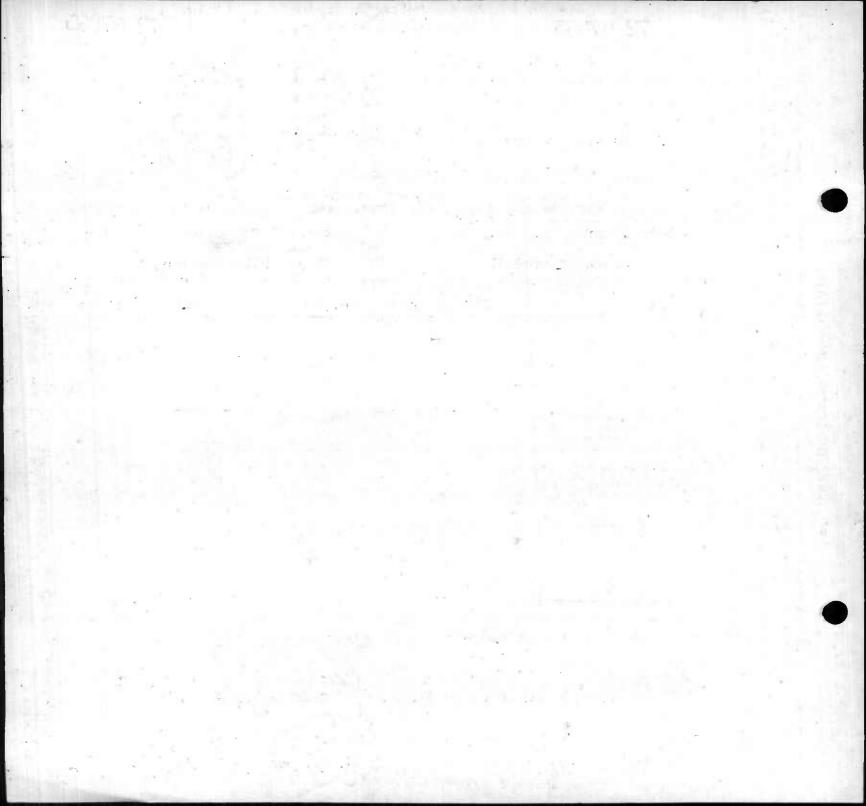


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BIRT	72 (7064 MARYLAND-DHMH	CERTIFICA	TE OF DEATH	REG. NO.	2 (+7064				
1. N	AME OF DECEASED TO PARTY	FORD	2. DATE AND	HOUR OF DEATH	7. / 35 2				
3, P	LACE IN BALTIMORE, MARYLAND, WHERE PRON		4. USUAL RESIDENCE (Where	deceased lived, If institu	tion: residence before admission)				
FUI	L NAME OF (IF NOT IN HOSPITAL OR INST	TITUTION. GIVE STREET	Marylan a		1206				
INS	LL NAME OF SPITAL OR INSTANTIAL OR INSTANTIAL OR ADDRESS OR LOCATION		C. CITY OR TOWN D. INSIDE CITY LIMITS?						
T	the Union Memorial	Hospital	E. STREET AND NUMBER	A A	S NO .				
5. SI			2820	Mary Laca) Ave.				
	M WIDOWE	DIVORCED	8-22-93	70	Under 1 Yr. II Under 24 Hrs. onths Days Hours Min.				
dane	USUAL OCCUPATION (Give kind of work 10B, KIND during a refined)		11. BIRTHPLACE (State or loreig	n country)	2. CITIZEN OF WHAT COUNTRY?				
13. F	NVESTIGATOR DEP	T. MOTOR VEHICLES	14 MOTHER'S MAIDEN NAM	IF.	Ulli secan				
	nicholas 7	ord	Mary	A. Scott					
15, V (Yas,	Vas Deceased Ever In U. S. Armed Forces? no orunknown! (II yes, civa wor ar dates of service	SECURITY NO.	MRS. ELIAS,		ADDRESS				
	115. 4110 3	CAUSE OF DEATH		TNE Rd. F	APPROXIMATE INTERVAL				
	DISEASE OR CONDITION DIRECTLY		1 10	4,	BETWEEN ONSET AND DEATH				
	Chis does not mean the mode of dying, e.	(A) IMMEDIATE CAUS	CONSEQUENCE OF:	Hory Arrest					
	heart failure, asthenia, etc. It means the diseas injury ar complication which caused death.)	ie,	/ /	11					
	ANTECEDENT CAUSES	(8) DUE TO, OR AS	gestive hear	I failer	e				
	DISEASES OR CONDITIONS, if any, givin rise to the above cause (A) stating the UNDERLYING CONDITION tast.		relevative heart d	lajeale -					
2	li _	. /	/						
АПО	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A).	Arthuriose	Protie Cerebra	e Disiace					
	19A. DATE OF OPERATION 19E CONDITION FOR	R WHICH OPERATION	20 A. AUTOPSYS (Yas at No.)	208, IF YES, WERE FINE IN CERTIFYING CAUSE	DINGS CONSIDERED				
1	OR CONTRIBUTING LICAUSE OF	1B. PLACE OF INJURY (e.g., in ome, form, foctory, street, office)	or obout 21 C. WHERE DID ce bidg. INJURY OCCUR?	(If In Boltimore Ci	ty, give exact lacation)				
3	OF INJURY	TE INJURY OCCURRED While At Work Not While At Work	21F. HOW DID INJU	RY OCCUR?					
	22. I certify that (I) (this hospital) attended		2-/2- 19	12 to 07	-26-19)2				
1	that (1) (we) last saw the deceased alive on			in (my) (our) apiniar	death accurred on the date				
	and have and from the causes stated above.	(1) (We) (did) (did not) vi	ew the bady after death.	1231	L DATE SIGNED				
	auxet flower	Atten Phys. Atten Phys.	ding Med. S	toff bys.	07-26-72				
	NAME (Typel Deserte E. A.	LANYARI MD	the Union 1	Muurial C	Hospital				
24A.	BURIAL CREMATION, 248. DATE 24C.	NAME OF CEMETERY OF CREA	MATORY 24D. LO	CATION (City, 10	own, or county! (State)				
0.5.1	Burial 7/29/72	St. Joseph's	Tex	AS	Md.				
25A.	JUL 27 1972 258, NAME	LUREY AND NOTO	25C. FUNERAL DIRECTOR	& Sons Co.	4905 York Rd.				
VS 1	50-REV. 1/1/68	1	4-4	Balto Md.	(1212				

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Sucl written approval must be obtained before the remains are embalmed or final disposition is made.
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			BALTIMORE CITY	HEALTH DEPARTMENT		05000		
DIDTH NO	72 07065	70777 4 3070 707	CERTIFICA	TE OF DEATH	REG. NO	72 07065		
BIRTH NO.	ECEASED	RYLAND-DE			AND HOUR OF DEATH	/		
(Type or Print)	John 1	o. Camp	bell	Ju	ily 26, 1972	2 1 10 A N		
3. PLACE IN B	ALTIMORE MARYLAND, W	HERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (WA. STATE B. COL	here deceased lived. If i UNTY	institution: residence before admission)		
FULL NAME C	F (IF NOT IN HOSPIT	AL OR INSTITUTI	ON, GIVE STREET	Maryland		2110		
OSPITAL OR	ADDRESS OR LOCA	ATION)		C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?		
10 5	08 Radnor Av	enue		Baltimore		YES* NO		
000	00 (000)01 / 10	0.100			E. STREET AND NUMBER 508 Radnor Avenue 21212			
S. SEX	6. RACE	7- MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Haurs Min.		
M	W	WIDOWED	DIVORCED [12-15-1899	72			
A. USUAL OC	CUPATION (Give kind of world of working life, even if refired)	HOSD	usiness or industry ital	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY		
Stor	re Room	Balto. (City	Baltimore,	Maryland	USA		
FATHER'S N				14. MOTHER'S MAIDEN N				
	Charles Ca	mpbell		Li	Illian Hoffma	an		
. Wos Deceas	sed Ever in U. S. Armed For	ces?	6. SOCIAL SECURITY NO.	17. INFORMANT		ADD#\$\$206		
No	Will yes, give wor all dan		8-22-8950	Mr. Richard	d Campbell	125 Raspe Ave.		
1B. // /	1 2 1		CAUSE OF DEAT	Н		APPROXIMATE INTERVAL		
7 DIST	ASE OR CONDITION DI	DECTIV				BETWEEN ONSET AND DEATH		
Disc	LEADING TO DEATH	RECILI		0	and Ne	east 141as		
(This does	nal mean the made of	dvina. e.a.	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	my and	and I great		
heart failus	re, asthenia, etc. It means	the disease,	DUL 10, OR AS	A CONSEQUENCE OF SP		9		
injury ar c	amplication which caused							
	ANTECEDENT CAUSES		(B)	A CONSEQUENCE OF:				
	OR CONDITIONS, if the above cause (A)		DUE TO, OR AS	A CONSEQUENCE OF:				
	NG CONDITION last.		(C)					
	- 11							
OTHER SIGN	NIFICANT CONDITIONS CO							
DISEASE OF	OF OPERATION 198. CON	IT 1 (A).	UCU OPERATION	20 A AUTORCYO (V.	Na) 200 to vec weep	CINDINGS CONSIDERS		
OTHER SIGN TO THE DE DISEASE OF 19A. DATE	OF OPERATION 175. CON		IICH OPEKATION	20A. AUTOPSY? (Yes or	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?		
21 A. ACCII	DENT WAS UNDERLYING	21 B. Pl	ACE OF INJURY (e.g.,	n ar about 21 C. WHERE DID	(If in Boltimo	ore City, give exact lacation)		
DEATH (no	tify medical examiner)	etc.)						
21 D. TIME	(Month) (Day) (Yeor)	(Hour) 21 E. II	NJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?			
OF INJURY		While	At Not Whi	• 🗆				
		Work	L At Work		F20 0	772		
22. I certi	ify that (1) (t his hospita		1	ely 15	19 70 to Je	My 2-6 19		
that (I)) last saw the decease	ed olive on	June 1	19.7/ and	that in (my) (vot) ap	inian death accurred an the dat		
and haur	ond from the causes sto	ted obove. (I) ((did not)	riew the bady ofter deat	h.			
23A. NGNA	TURE					23B. DATE SIGNED		
1	Irmale to	under		ending Med.	Staff Phys.	ク・マフ・ファ		
23 C. PHYSIC			UEGREE	23D. ADDRESS	,			
NAME	Donald	R. Jand	orf M. D.	7403 H	arford Rd.			
4A. BURIAL C	REMATION, 24B. DATE	24C, NAM	GEGREE NE of CEMETERY OF CR	EMATORY 24D.	LOCATION (C	City, tawn, ar caunty) (State)		
REMOVA	L (Specify)							
Buria				r Cemetery	Balto.	Md.		
25A. DATE REC	D BY HEALTH DEPT.	2SB. NAME OF	REGISTRAR	2SC. FUNERAL DIRECT	PR -	ADDRESS		

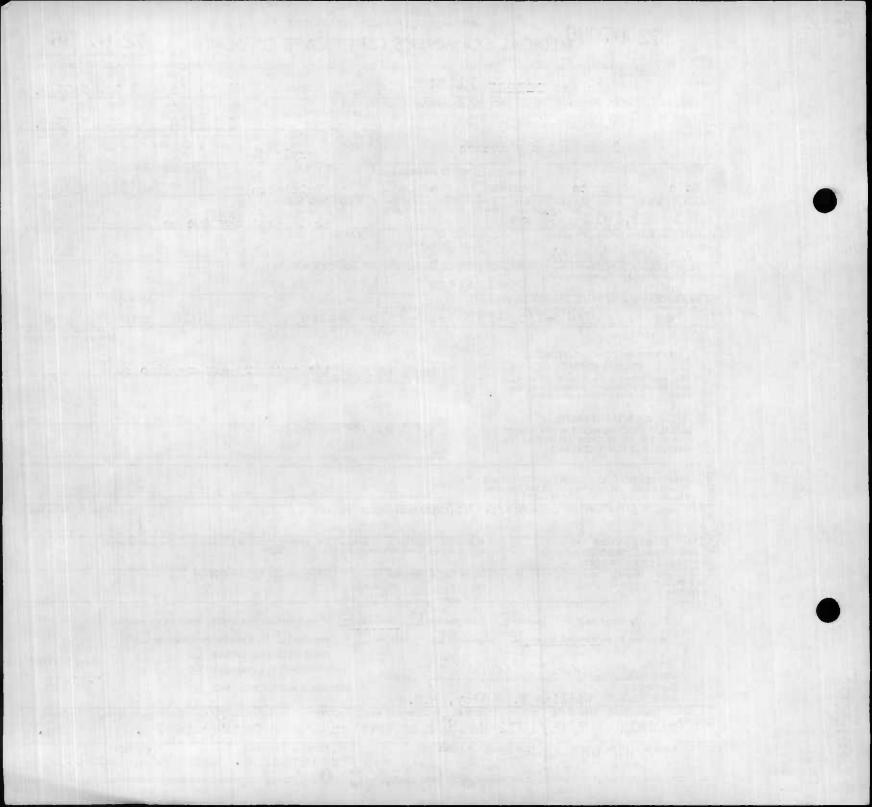
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BALTIMORE CITY HEALTH DEPARTMENT

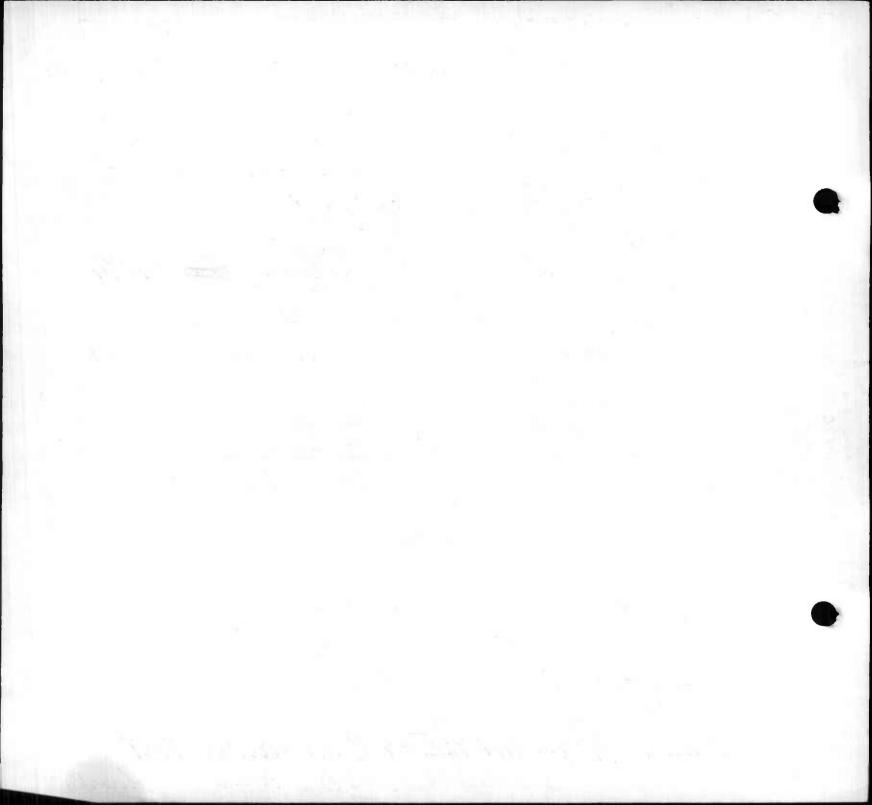
BII	72	070	MEL	ICAL	E)	AMINE	R'S C	CERTIF	ICATE	OF	DEA	TH REG.	NO. 7	5 0	7066	3
1.	NAME OF DEC	EASED		Doro		Illard	i	2. DATE OF DEATH	Known Estimo	i [2]	Month 7	Doy 20		Yeor 72	3:45	Р. м.
FUI	PLACE IN BALT LL NAME OF SPITAL					OUNCED DEAD			OUNCED D		Month 7	Doy 20		Yeor 72	3:45	Р. м.
	INSTITUTION	301	6 Kentu	cky A	lver	nue		A. STATE	RESIDENCI Mary]		deceased	B. COUN	ATY	770	63	ission)
6.	SEX	7. RACE		8. MARR	IED [NEVER MAR	RIED 🗌	C. CITY	OR TOWN			D. INSII	DE CITY	LIMITS?		
	Male		ite	WIDOV					Balti				YES	#	ио 🗆	
	July 20		losi birindo	yeors y)	Monti	ider 1 Yr. If Unde hs Doys Hour	r 24 Hrs.	E. STREE	3016		uckv	Avenue	2			
11.	BIRTHPLACE (S	tote or fore	ign country)			TIZEN OF	Y?	is. FATH	ER'S NAME			lardi				
14A don	USUAL OCCUP during post of w	ogking lile, e	ve kind of work ven if retired)		OFE			Y 15. MOT		EN NAM						
16.	WAS DECEASE	D EVED IN	U.S. ARMEI	FORCES	2	12 600141		IB. INFO					ADD	RESS		
(Ye	s, no or unknown) Yes	(127)1°	9/42-	ol service	13	207-20	-237	6 A	udrey	Wer	ner	3016	Ken	tue	kv Av	re .
	19.4/2	131					OF DEA							Al	PPROXIMATE VEEN ONSET	INTERVAL
			DITION DIRE	CTLY												
	(This does no heart loilure,	asthenio, ét	mode of dy	disease,					Vere co		ry ar	tery o	isea	se		
	Injury aream	plication wh	ich coused de	oth.)												
		TECEDENT OR CONDIT	CAUSES TONS, IF AN' AUSE (A) STA	, GIVING		(8)	E TO, OR	AS A CON	SEQUENCE (OF:						
z	RISE TO THE	ABOVE CA	TION LAST.	TING THE		(c)										
110		5101118.60	11	O. 1701011	71110											
CERTIFICATION	TO THE DEA	TH BUT NO	INDITIONS C TRELATED TO NOTICE OF THE PROPERTY	THE TERM	INAL											
ERT						WHICH OPERA	TION W	AS PERFO	RMED				2	I. AUTO	PSY? (Ye	or No)
	004				000		I I I I I I I I I I I I I I I I I I I		Jaca wais	0 F D ID	fel a O la				Yes	
EDICAL	UNDERLYING		VTRIB-		hame	LACE OF INU	UKY (e.g., treet, offic	e bldg., etc.) INJURY O	CCUR?	(ii In Boilir	nore City, gh	ve exoct t	ocation)		
Σ	22D. TIME (OF INJURY (APPROX.)	Month) ((Doy) (Yea	r) (Hau	W	ZE.INJURY OC	NO	WHILE T	22F. HOW	DID IN	JURY OC	CUR?				
	23. I cert	Ify that I	held an 1	nquiry [_	Inspection	7	topsy 🗴	and th	nat an tl	his basi	s, death I	n my ap	Inlan		
	result	ed from:	Natural cau	ses X	A	ccident 🗌	Sulcl	de 🗌	Homicide		Undeten	mined man	ner 🗌			
	ACTUAL		2.6	0	h	10low	,		CHIEF ME						DATE SI	GNED
	SIGNATI		4/0	/	M	uerog	M.I.	J.	SSISTANT MI						7-21-	72
	EXAMINI NAME (T	уре)		m P.		loy, M.I										
RE	A. BURIAL CREA MOVAL (Special Portion	NOITAN	7/26,	197		ettsbu					etts	n (cir		or county		ote)
25	A. DATE REC'D	JUL A	7 1972	258. N	AME	OF REGISTRA	wit		reder:			look T		RESS Ha:	rfor	i RD
L.	161 DEV 3/2/46			1.78	-	AU	1	- 5	U ()	-						



a hospital and

BALTIMORE	CITY	HEALTH	DEPARTMENT	r
BALTIMORE	CITY	HEALTH	DEPARTMEN	

72 07067 CERTIFICATE OF DEATH	79 07007					
BIRTH NOSTATE OF MARYLAND DITION	REG. NO. 12 01001.					
(Type or Print) DIA MAAS MARTHA 2. DATE	AND HOUR OF DEATH 72 . 2 35					
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution residence before admission					
A. STATE B. CO	YIAUG					
MOSPITAL OR ADDRESS OR LOCATION)	D. INSIDE CITY LIMITS?					
Gorge Washington N. Hone MARGIAND MARGIAND	YES NO NO					
E. STREET AND NUMBE	7 - 111					
5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH	o Se Clase 5 - , 9. AGE (In years If Under 1 Yi., If Under 24 Hrs.					
Jenuale Black WIDOWED DIVORCED 3/8/918	9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.					
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole at done during most of working life, even if refired)	foreign country) 12. CITIZEN OF WHAT COUNTRY					
Custodial MARYLANCE	1					
13. FATHER'S NAME	NAME _ O . V/					
SAMUEL JAMES Rebecc.	4 MITH					
15. Wos Deceased Ever in U. S. Armed Farces? 16. SOCIAL 17. INFORMANT (Yes, na or unknawn) (If yes, give war ar dates of service) SECURITY NO.	ADDRESS					
LINKNOWN Chart	•					
18. 4/2.41 CAUSE OF DEATH LYPOPE	SEMA APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	DUS YES.					
17his does not mean the mode of dying, e.g., heart laiture, asthenia, etc. It means the disease,						
injury or complication which caused death.)	4 Mos					
ANTECEDENT CAUSES (8)	a					
DISEASES OR CONDITIONS, if any, giving nise to the above cause IA) stating the	Vn (
UNDERLYING CONDITION lost. (c).	7 16 3 .					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	7-2 / 1					
TO THE DEATH BUT NOT RELATED TO THE TERMINAL	/ allul					
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION (Yes on WAS PERFORMED)	No. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFIING CAUSES OF DEATH?					
OR CONTRIBUTING CAUSE OF home, form, factory, street, affice bldg, INJURY OCCUR	(If in Baltimare City, give exoci lacation)					
O 21D. TIME (Month) (Doy) (Year) (Hourt 2)E. INJURY OCCURRED 215 HOW DID	NJURY OCCUR?					
While At Not While	NOOK! OCCUR:					
22. I certify that (1)(this haspital) attended the decegsed from 1.3 // ARCH	.72 24 TU/0 72					
that (Dwe) last saw the deceased alive an 19 and that in (my) (aur) apinian death accurred an the date						
and have and from the causes stated abave. (1) (We) (did) (did not) view the bady after death.						
23A. SUNATURE						
Med. Director	Staff Phys. D					
23C. ADDRESS 23D. ADDRESS	+ 0./6					
24A. BURIAL CREMATION, 24B. DATE / 24C. NAME of CEMOTERY OF CREMATORY.	north ave					
24A. BURIAL CREMATION, 24B. DAYE 24C. NAME of CEMBTERY OF CREMATORY 24D	LOCATION (City, hown for county) (Stote)					
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAN 25C. FUNERAL DIRECT	aurel 1/17.					
25B MAME OF REGISTRAL 25C. FUNERAL DIRECT	OR ADDRESS					
VS 150-REV. 1/1/68	MM. 2/7 M. Debroider SX					



IMPORTANT DIRECTOR: FUNERAL

occurred

death

assistant

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 72 07068 72 07068 CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH OF MARYLAND-DHMH hospital and use of death (5) Deceased Such 1. NAME OF DECEASED (Type or Print) 0 7/26/72 Earl L. Frock Sr. death. 4. USUAL RESIDENCE (Where 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD deceased lived, If institution; residence before admission) attendance Md. cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS' 8 canse; 0 YES T NO Balto. prior E. STREET AND NUMBER contributing 3507 Buena Vista Ave. 3507 Buena Vista Ave. Undetermined is made regular 9. AGE (In years 5. SEX 6. RACE B. DATE OF BIRTH If Under 1 Yr. Months! Doys If Under 24 Hrs. 7- MARRIED NEVER MARRIED deceased Hours lost birthdoy WIDOWED DIVORCED 8/2/00 Male Cauc. WIDOWED DIVORCED 8/2/00 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 2. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) Poole Foundry U.S. Machinist Md. Was 13. FATHER'S NAME the 14. MOTHER'S MAIDEN NAME direct 4 death kind; 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT ADDRESS ō (Yes, no or unknown) (If yes, give wor or dotes of service) final SECURITY NO. 214-03-6523 attendance Mrs. Gladys Frock (same) no any CAUSE OF DEATH APPROXIMATE INTERVAL 0 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med o LEADING TO DEATH (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF bal heart failure, asthenia, etc. It means the disease, gular injury or complication which coused death.) em ANTECEDENT CAUSES who 9 are DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving 3 the obove couse (A) sloling the UNDERLYING CONDITION last, physician remains medical (c)... Was medical burns; 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) the Body 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 19 A. DATE OF OPERATION the 0 WAS PERFORMED before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, farm, foctory, street, office bldg., INJURY OCCUR? (If In Baltimore City, give exoct location) where hospital MEDICAL °Z DEATH (notify medical examiner) any nature; obtained 21 D. TIME OF INJURY (Hour) (Month) (Doy) (Year) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 Not While (except While At (APPROX.) and Work At Work to the 22. I certify that (I) (this haspital) attended the deceased fram 25 19 72 that (1) (we) last saw the deceased olive anand that In(my) (aur) opinion death occurred on the date pe of death) hospital and hour and from the causes stated above. (1) (We) (did not)-view the body after death. was released must accident 23A. SIGNATURE 23B. DATE SIGNED Attending Med. Staff 0 Director L approval 0 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS prior at An ď 24C. NAME of CEMETERY OF CREMATORY 24A. BURIAL CREMATION, 24B. DATE 24D. LOCATION (City, town, or county) deceased the body 0.0 REMOVAL (Specify) written Lorraine Park Halto. Md. shows: Was 254. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR Paul E. Whenoweth 3rd. 3617 Chestnut Ave

(Maria) com a di lan di la di .045 and the state of the . Early and see . Sugar

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1	BALTIMORE CITY	Y HEALTH DEPARTMENT	72 07069
J-525 72 0	7069CERTIFICA	TE OF DEATH X REG. N	10. 12 07009
I. NAME OF DECEASED USIC TOW		2. DATE AND HOUR OF I	4-25 Port
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR		4. USUAL RESIDENCE IWhere deceased liv.	ed. If institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION)	ASTITUTION, GIVE STREET	MARYLAND CA	LVERT 5400
R		PRINCE FREDERICK	YES NOT
JOHNS HOPKINS HO	spital	E. STREET AND NUMBER RT 1 Box 67	
5. SEX 6. RACE 7. MARI	<u> </u>	8. DATE OF BIRTH 9. AGE (In year lost birthdoyle	Months Doys Hours Min.
IOA, USUAL OCCUPATION Give kind of work IOB, KIN done during most of working life, even if refined)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic		Maryland	US
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAME	
BENSON JOHNSON		JULIA Wallace	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) [If yes, give war or dates of serv	16. SOCIAL	17. INFORMANT	ADDRESS
(1885, no of unknown) lif yes, give war of dates of serv			rince Frederick, Md.
18. 5 OSEASE OR CONDITION DIRECTLY	CAUSE OF DEAT	Nout is la Flair	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying,	(A) IMMEDIATE CAL	ISE VENITALIAN CONO	ialan
heart failure, osthenia, etc. Il meons the disc	die,	A CONSEQUENCE OF:	
injury or complication which caused death.) ANTECEDENT CAUSES	Procell	· Muscandial Duta	retion
	(B) 10000000	e : 196 Call Old - 1	
DISEASES OR CONDITIONS, if any, ginise to the above cause (A) stating UNDERLYING CONDITION last.		ted small Bowel Obs	fruction
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG Pulum	omà	
19A-DATE OF OPERATION 19B CONDITION F WAS-PERFORMED	Obstructur	20 A. AUTOPSY? (Yes or No.) 208, IF YES, IN CERTIFYIN	WERE FINDINGS CONSIDERED AG CAUSES OF DEATH?
O 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21B PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	n or obout 2°C. WHERE DID (If In E fice bldg., INJURY OCCUR?	Boltimore City, give exact location)
OF INJURY (Month) (Doy) (Year) (Hour)	21 E INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
(APPROXI)	While At Work Not While At Work	• 🗆	,
22. I certify that (1) (this hospital) ottend		15 1972:0	7/24 10 72
that (i) (we) last saw the deceased office	on 7/2+1	19 72 and that In(my) (ou	or) opinion death occurred an the date
and hour and from the causes stated above	e. (1) (We) (did) (did not) v	lew the body ofter death.	
J. Lucian De	Was Morgan	anding Med. Staff. Director Phys.	238 DATE SIGNED 1912
23 CLPHYSICIAN'S NAME (Type) J. LUCIAN DAN	70	23D. ADDRESS THE JOHNS HOPKINS	S HOSPITAL
	C. NAME OF CEMETERY OF CRE		(City, town, or county) (Stote)
	rooks Church	Cem	alvert Co., Md.
25ADATE REC'D BY HEALTH DEPT. 258. NAV		25C. FUNERAL DIRECTOR	ADDRESS
1111 27 1079	12 - X - 10	Pinkagy F. Sowell F	rince trederich, and.
VS 150-REV. 1/1/68		- mangey T. Activity	MINE JUNEAULA / MO.

	4-625 72 070)70 BALTIMORE CITY	HEALTH DEPARTMENT	7					
7002	BIRTH NO.	CERTIFICA	TE OF DEATH REG. NO.						
and assert	NAME OF DECEASED 2. DATE AND HOUR OF DEATH								
de de cea	(Type or Print) Joseph Harrison	July 22, 197							
hospital and ise of death (5) Deceased and and and death. Such	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON	4. USUAL RESIDENCE (Where deceased lived.	. If insti						
S 0 (S L 0	FULL NAME OF (IF NOT IN HOSPITAL OR INST	TUTION, GIVE STREET	Pr.Geo.						
2 70	FULL NAME OF (IF NOT IN HOSPITAL OR INST HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION			INSIDI					
use ren ren ten	Harbor View Nursing H	lome	Mt. Rainier E. STREET AND NUMBER						
at at ioi	1213 Light Street, Balti								
ntributin rmined c egular a ased pris s made.			2802 - Upshur St.						
ntribut rmined egular ased p	MARKIE	D NEVER MARRIED	B. DATE OF BIRTH 1/29/1908 9. AGE (In yeors lost birthdoy)						
occ ontr erm reg ease is n	Male Caucasian WIDOWE								
0 4 - 0	done during most of working life, even if retired)	OF BOSINESS OR HADOSIKI							
or c ndet s in dec	Ret- Painter	444	Wash.,DC						
if dea set or t) Unc was the d positi	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
5 7 8	Francis M. Harris	ion	Mary E. Otias						
ath ath	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service	16. SOCIAL SECURITY NO.	17. INFORMANT						
ssiste the the kin dec ince	No -	577-22-3623	Norman R. Harrison) — A					
	18. 7 6 0 . 9	CAUSE OF DEATH	1-						
S a se	DISEASE OF CONDITION DIRECTLY		1. 1. 7. 6						
Also, re of connounce attended	LEADING TO DEATH	(A) IMMEDIATE CAU	Myocardial Infarction						
or o	(This daes nat mean the made at dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)								
a p d a d a									
	ANTECEDENT CAUSES Diabetes Mellitus and ASCVD								
A fr who reg	DISEASES OR CONDITIONS, if any, givin	DUE TO, OR AS	A CONSEQUENCE OF:						
(3) (3) s a	rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)							
edical dical urns; ysicia was		(7,							
edical dical urns; ysició was main	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Chronic Bronchitie								
f med wed y bu phy ian	TO THE DEATH BUT NOT RELATED TO THE TERMINAL UNION CONTROLL DISEASE OR CONDITION GIVEN IN PART 1 (A).								
O TAUE	19A. DATE OF OPERATION 19B. CONDITION FOR	R WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, W	ERE FIN					
chi Boo the thysi	WAS PERFORMED	10.01.05.05.00.00.00							
5 5 5	OR CONTRIBUTING CAUSE OF	1B. PLACE OF INJURY (e.g., in ome, form, foctory, street, of	fice bldg., INJURY OCCUR?	Itimore					
アキットスカ	<u>U</u>	tc.)							
	□ OF INJURY	1E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
hos nat nat ept d (6		While At While Mot While Mork At Work	e 🗌						
brax x x be	22. I certify that (I) (this hospital) ottended the deceased from March 13 19 72 to July								
0 0	that (1) (we) last saw the deceased alive an July 22 19 72 and that In(my) (aur) opini								
0705+4	and haur and fram the causes stated obave. (1) (We) (did) (did nat) view the body after death.								
eased ident o hospita death must b	23A. SIGNATURE			2					
ho d	Dr. 4 Dh. at	W/T Property Physics	miding Med. Stoff Phys.						
P 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	23C. PHYSICIANS.	DEGREE PHY	23D. ADDRESS						
was An c L at prio	NAME (Type) Doton H. Dhoingtoin M.	r D	Harbor View Nursing	Y LI					
# 0 7 7 7	Peter H. Rheinstein, M. 24A. BURIAL CREMATION, 24B. DATE 24C.	NAME of CEMETERY OF CRE		(City,					
certification of the control of the	REMOVAL (Specify)			117					
body ws: (I s D.O.	Burial 7/26/1972	Wash . Nat . Cer							
This certhe boc shows: was D. deceas	25A. DATE REC'D BY HEALTH DEPT. 25B. NAMI	E OF REGISTRAR	25C. FUNERAL DIRECTO Nalley	s Fr					
F + 0 5 0 5	JUL 21 1912 Degrey	- Likelin	Mt.Reinier, Me	d					

2 07070 F MARYLAND-DHAH 10:00 P. Iution: residence before admission) E CITY LIMITS? YES 🛖 NO [If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS bove address APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH Minutes Years Years NDINGS CONSIDERED City, give exoct location) an deoth occurred an the date 3B. DATE SIGNED July 24, 1972 ome town, or county) (Stote) uneral Home Inc . VS 150-REV. 1/1/6B

. Dan . 13

TO THE STREET OF THE STREET

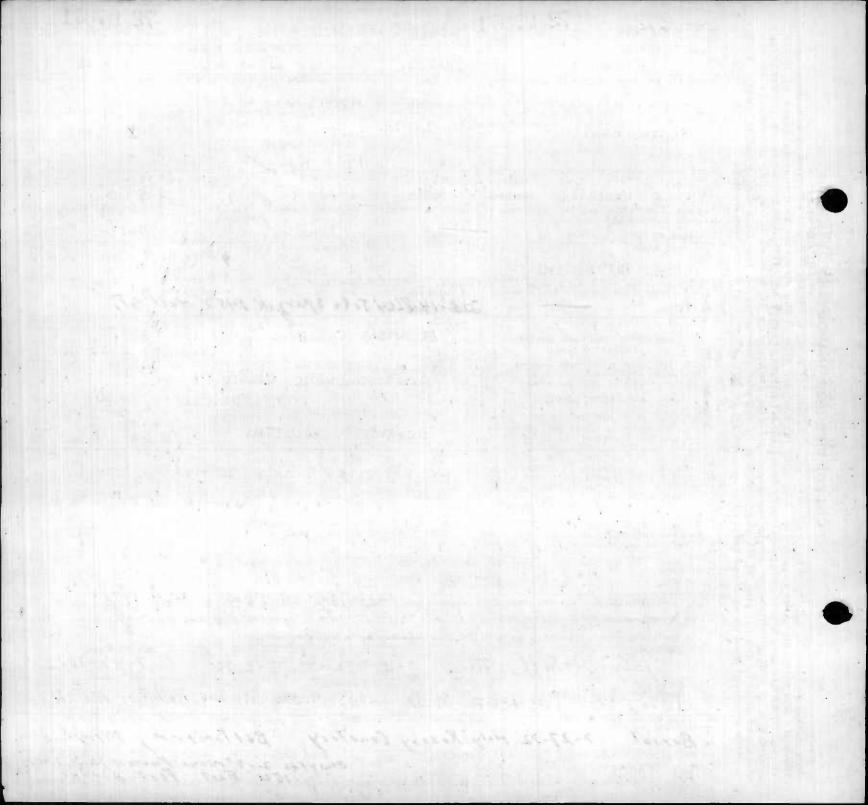
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made.	
This certificate must be ap the body was released to shows: (1) An accident of a was D.O.A. at a hospital (deceased prior to death); written approval must be	

7	0 11 -	2 190	C. marin	BALTIMORE CITY	HEALTH DEPARTMENT		72 07071	
0	-162	12	0707	1 CERTIFICA	TE OF DEATH	REG. NO	15 01011	
	IH NO.			CERTIFICA		NO HOUS OF DEATH		
	e or Print)	ELEANOR		SPARZAK	J	AND HOUR OF DEATH	1:56 A.M	
3. I	LACE IN BALT	IMORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (WI		titution: residence befare admission)	
FUI	LL NAME OF			UTION, GIVE STREET	MARYLAND C. CITY OR TOWN	D. INSI	DE CITY LIMITS?	
11.4.2	South	BALTIMOR	E GEN	IERAL HOIPITAL	BALTIMORE E. STREET AND NUMBER		YES 🔀 NO 🗌	
-	+3				1453 Hull	St. 21230		
s. s	EX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.	
	EMALE	CAUCASIAN	WIDOWED	DIVORCED	2-22-95	lost birthday)	5 2	
		IPATION (Give kind of work varking lile, even if retired)	108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY	
aoni	Housew				POLAND		UNITED STATES	
13.	FATHER'S NAM	AE			14. MOTHER'S MAIDEN N	AME		
	PETER	MICHALSK:	I		FRANCES	7		
15.	Was Deceased	Ever in U. S. Armed Far	cas?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	No			213-14-8604	John Sparjal	K 1453 H41	1151,	
	18. 1 50	0.91		CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		E OR CONDITION DI	RECTLY	EXTENSI	UE CEREBRAL	VASCULAR	- 2/ 1.0	
	LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:						7 26 hrs.	
		heart foilure, osthenio, etc. Il means the disease, injury ar camplication which coused death.) ARTERIOSCLEROTIC CARDIOUASCULAR						
	A	ANTECEDENT CAUSES DISEASE 10 LINE						
	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:							
		abave cause (A) CONDITION last.	slaling the	(c) DIABE	TES MELLIT	US	8 4rs.	
		11						
CERTIFICATION	TO THE DEAT	ICANT CONDITIONS CO H BUT NOT RELATED TO T ONDITION GIVEN IN PAR	HE TERMINAL	HYPERPYR	REXIA & POSSIBL	E ZESMI	24 hrs.	
FIC	19A. DATE OF		DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	Na) 208. IF YES, WERE F	INDINGS CONSIDERED	
ERT	O.	IT WAS UNDERLYING		P DI A CE OF INITIANY	at about 21 C. WHERE DID	U.S. La Dalbina and	Cit	
	OR CONTRIBU	TING CAUSE OF	horeto	B. PLACE OF INJURY (e.g., ir me, farm, foctary, street, of)	fice bldg., INJURY OCCUR?	(II IN BOITIMORE	City, give exact location)	
EDICAL	21D. TIME OF INJURY	(Manth) (Day) (Year)	(Hour) 21	INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	44111111111	
8	(APPROX.)			hile At Nat While				
	22. I certify	that 💢 (this haspita	l) attended	the deceased fram /-	23-1972-10:1	MM. to 7-2	4-1972 19	
	that (we)	last saw the decease	d alive an.	7-24-	19.72 and	that in (my) 🗪 apir	nian death accurred an the date	
	1				lew the bady after death	1.		
	23A. SIGNATU	uly Josh	H,	m.) Atte	nding Med.	Shaff A	7-24-1972	
	23C. PHYTICIA	T G. To	SHEF	DEGREE!	23D. ADDRESS	urne Ave, Balo	Himose, Md. 21239	
244	REMOVAL IS	MATION, 248 DATE	24C.N	IAME of CEMETERY OF CRE			y, town, or county). (State)	
25A	10	BY HEALTH DEPT.	2SB. NAME	OF REGISTRAR				
	.1111 27	1979 Air	wey for	motons	Charles 1	FIST FE	Huerel Hone, Inc.	
VS	150-REV. 1/1/6	68	7/ 1	4 (3)	3008			



FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

BALTIMORE CITY	HEALTH DEPARTMENT 72 07072
72 07072 CERTIFICA	TE OF DEATH REG. NO. 12 07072
I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) ALBERT C. MIELKE	7/24/72 3:00 ery. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. Il institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	MA, BALTIMORE CITY. 2 401
INSTITUTION	C. CITY OR TOWN B2//1/2000 D. INSIDE CITY LIMITS? YES NO NO
SOUTH BALTIMORE GEN. HOSPITAL.	E. STREET AND NUMBER
43	1461 TOWSON ST.
5. SEX 6. RACE 7. MARRIED X NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
WIDOWED DIVORCED	10-28-25 46
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Methance HEATING Specialities,	BALTIMORE U.S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ALBERT C. MIELRE	MAN FOECT
15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
No - 212-22-6124	WIFE 1461 TOWSON ST.
18. / / / A DEATH	
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	ISE POSS. POLMORNAY HYPEROCOSION
heart foilure, osthenia, etc. It means the disease,	A CONSEQUENCE OF: Epelining
injury or complication which caused death.)	A CONSEQUENCE OF: ASHD.
ANTECEDENT CAUSES (B)	VE MENZY THEORE - COOL
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS rise to the above cause (A) stoling the	A CONSEQUENCE OF: A SHID.
UNDERLYING CONDITION IOSI. (C) POSS	CANCEL OF LVNG.
11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL IT I THE DEATH BUT NOT RELATED TO THE TERMINAL IT I THE DEATH BUT NOT RELATED TO THE TERMINAL IT I THE DEATH BUT NOT RELATED TO THE TERMINAL	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	n or about 21 C. WHERE DID (II in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, loctory, street, of DEATH (notify medical examiner)	fice bldg., INJURY OCCUR?
U	
21D. TIME (Month) (Day) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY While At Not While	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Not While My Work At Work	
22. I certify that (Y(this hospital) attended the deceased from	7-19- 1972 10 7/24/ 1972
that (M(we) lost sow the deceased alive on 7.12	
and hour and from the couses stated obave. (1) (We) (did) (did not) v	
23A. SIGNATURE	23B, DATE SIGNED
and Colucter Borne Phys	anding Med. Staff Phys. D
23C. PHYSICIAN'S	23th, ADDRESS
23C. PHYSICIAN'S NAME (Typel	AUS.
DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRE	EMATORY 24D. LOCATION (City, lower or county) (Stotel
DEAA OVAL (Specify)	
Burial 7/27/72 Dulaney Yalley MA	25C. FUNERAL DIRECTOR STEVENS FUNERAL Hone, Inc.
25A. DATE REC'D BY HEALTH DEFT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR STEVENS FUNERAL Hone, The
JUL 41 1912 / Spring 14 10 11 11	1501 Est Fort AVENUE
VS 150-REV. 1/1/68	

Mechania Street A reading 212-22-2749-1101 Brief : 363/12 Delang to My Maria Garles Battaine , 42 - 4 le Service of the service

of death Deceased ce on the and Such hospital death. attendance (2) COUSe canse; 0 0 prior contributing occurred Undetermined made. in regular deceased S isposition 9 Was the direct 3 *= no death kind: final attendance any pronounced 9 embalmed A fracture of 9 regul who are physician fore the remains a medical MOS (2) Body burns; physician the where the body was released to the hospital shows: (1) An accident of any nature; (2 2 bei obtained 9 approved (except and

death);

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prior

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VS 150-REV. 1/1/68

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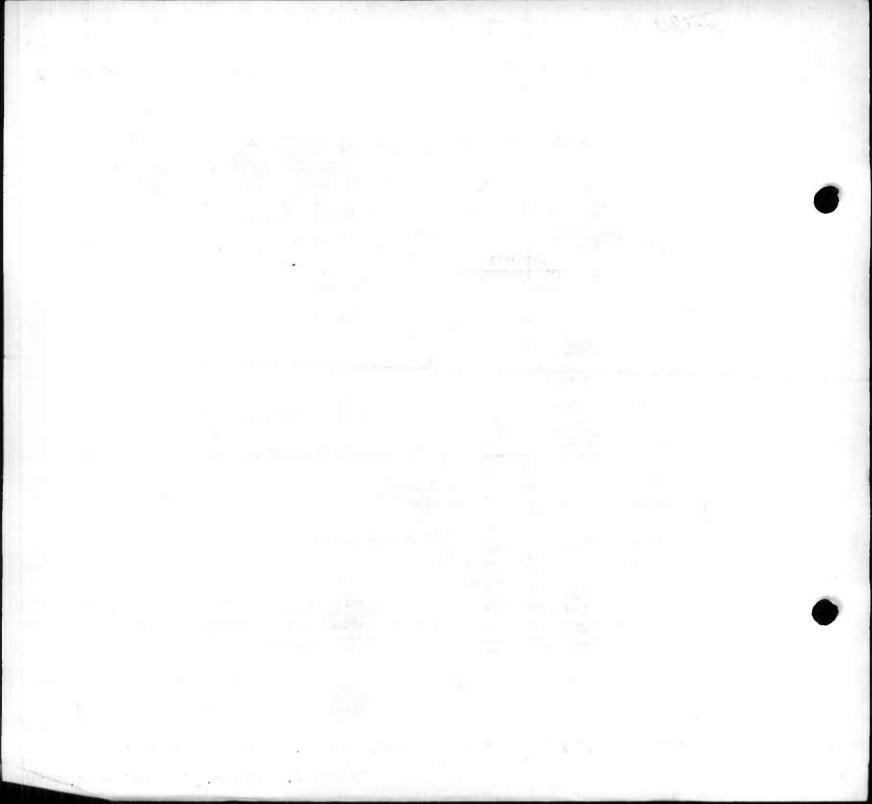
D.O.A.

MOS

An accident of hospital

BALTIMORE CITY HEALTH DEPARTMENT 72 07073 CERTIFICATE OF DEATH BIRTH NO. MARYT, AND-DHMH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) SOUGLASN DAVIS 27-7 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) MARYLAND C. CITY OR TOWN D. INSIDE CITY LIMITS? HOME & HOSPITAL LTIMOR YES X NOL ALTO, Md. VE NUE. 5. SEX 6. RACE 8. DATE OF BIRTH 7. MARRIED X NEVER MARRIED 9. AGE (In years of Under 1 Ya If Under 24 Hrs. Hours last birthday WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) usew 13. FATHER'S NAME MAIDEN NAME Nor thup erick 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) SOCIAL 17. INFORMAN ADDRESS SECURITY NO. No 18. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH er (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. 11 means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) UNDERLYING CONDITION last П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). PNOUMONIA 19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If to Boltimore City, give exoct location) MEDICAL DEATH (notify medical examined 21 D. TIME OF INJURY (Month) (Hous) (Yeor) 21 & INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At (APPROX.) 22. I certify that (1) (this hospital) attended the deceased fram 7-15-7 7-27-72. 72 that (i) (we) last saw the deceased alive on. and that in (my) (aur) apinian death occurred an the date and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death. must 23A. SIGNATURE 23B. DATE SIGNED Attending Med. approval Phys. Director 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 24A. BURIAL CREMATION, REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24B. DATE 24D. LOCATION written 7/29 Burial Moreland Memorial Park Cem. Baltimore Maryland 25A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS

Leonard W., Ruck Inc. 5305 Harford Rd.



72	67074	STATE OF MARYLAND-DHMH
	0.01	BALTIMORE CITY HEALTH DEPARTMENT

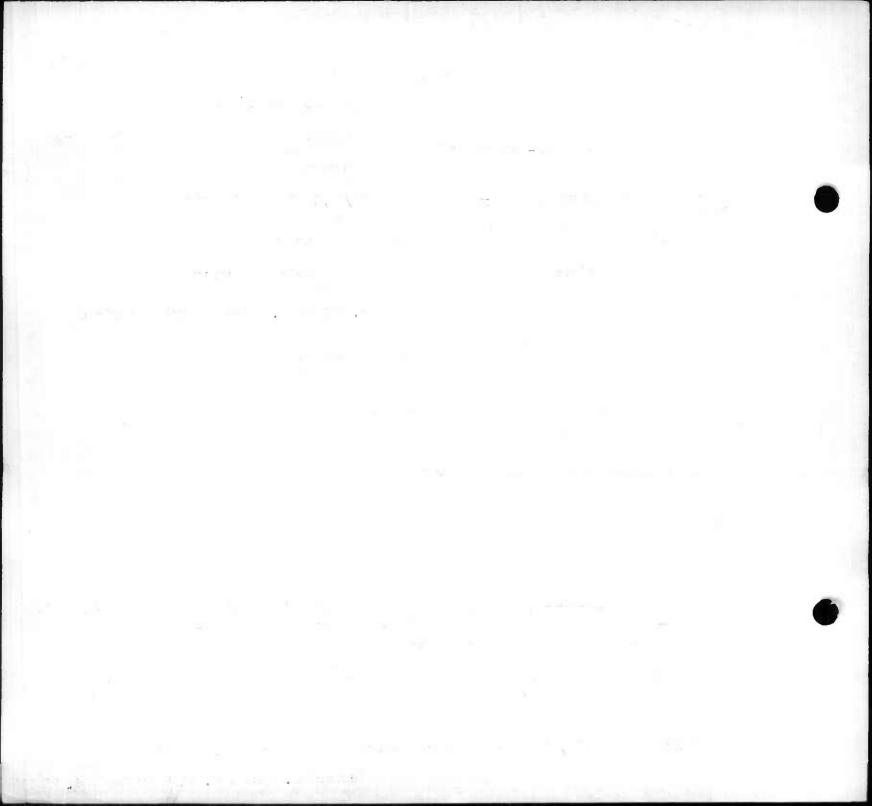
4. PLACE IN BAILHORE, MARYLAND, WHERE PRONOUNCED DEAD PRONOUNC	1	1,21		12 0	1079	BALTIM		ALTH DEPART	MENT	X	PACE.	0.197	The section	
I. NAME OF DECEASED Darlene Denise Serves Denise Denis	1	-650		MED	ICAL	EXAM	INER'S	CERTIFIC	ATE OF	DEAT	H	071)/4	
Continued Cont	BIR	TH NO.									KEG. NO.			
4. PLACE IN BAILIMONE, MARKINDO, WHERE PRONOUNCED DAD FRONOUNCED FRONOUNCED FRONOUNCED FRONOUNCED FRONOUNCED FRONOUNCED FRONOU						50m 3					Day 26	Year 72	Haur	
PRONOUNCED DEAD 7 26 72 6:20 a. MOSSING CRINDING							- V	DEATH	Estimated					М
ADDRESS OR LOCATION Union Memorial Hospital S. USUAL RESIDENCE (Where descoard lived. If institution: residence before admission) A. STATE M. S. MARRIED STANDARD MEMORIA S. MARRIED STANDARD MEMORIA S. MARRIED STANDARD MEMORIA S. LOUNTY S. COLITY OR OF MARRIED S. MARRIED STANDARD MEMORIA S. LOUNTY S. COLITY OR OF MARRIED S. LOUNTY S. LOUNTRY S. LO									NCED DEAD) 2
Union Memorial Hospital A STATE Mid. Mi	HO!	SPITAL				IIOIION, GIVE	SIKEEI			-				М
## Balto Bal	4	14	Union	n Memor	ial I	Hospi t al		A. STATE Md.		e deceased li	B. COUNTY		5 3	ssion)
DATE OF BIRTH 7/26/1953 10. AGE (In year) 10. AGE (In year) 10. AGE (In year) Months, Days, Moors Min. 218 Bosley Avenue 31. BRITHERACE (Stote or foreign country) Md. MAUSUAL OCCUPATION (Greated at well) 148. KIND OF BUSINESS OR INDUSTRY MAI COUNTRY 118. WAS DECEASED EVER IN U. S. ABMED FORCES? 10. WAS DECEASED EVER IN U. S. ABMED FORCES? 10. WAS DECEASED EVER IN U. S. ABMED FORCES? 119. CAUSE OF DEATH Traumatic subarchnoid hemorrhage CAUSE OF DEATH Traumatic subarchnoid hemorrhage CAUSE OF DEATH Traumatic subarchnoid hemorrhage (A)IMMEDIATE CAUSE DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This deas not region the book of dying, e.g., heard follow, edihedin, edit, mason the disease, injury or complication which coused death). ANTECEDENT CAUSE DISEASES OR CONDITION S, F. ANY, GIVING RES TO THE ABOVE CAUSE (A) STATING THE UNDERTING CONDITION LSST. (C)	6. 5	EX	7. RACE		B. MARR	ED X NEVER	MARRIED _				D. INSIDE CI	TY LIMITS?	1	
11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY Min. 13. FATHER'S NAME Charles J. Ptodey Sr. MAN Charles J. Charles J. Ptodey Sr. MAN Charles J. Charles		fema1e	White		WIDOW	ED 🔲	DIVORCED .	Barto.			YE	s 🖾 ı	10 0	
11. BIRTHPLACE (Stote or foreign country) Mid • II. BIRTHPLACE (Stote or foreign country) Mid • III. BIRTHPLACE (Stote or foreign country) III. STATES J. Ptodey Sr. ** WHAT COUNTRY? III. AND THE S. J. Ptodey Sr. ** WHAT COUNTRY? III. MAD DECEASED EVES IN U.S. ARMED FORCES? (Yes, no or unknown)(If yes, give wer or dotes of service) III. SOCIAL SECURITY NO. CAUSE OF DEATH Traumatic subarchnoid hemorrhage (A) III. INFORMANT CHAPLES J. Prodey Sr. ** APPROXIMATE INTERVAL. SECURITY NO. ANTECEDENT CAUSES DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Traumatic subarchnoid hemorrhage (A) IMMEDIATE CAUSE DISEASE OR CONDITION ET ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE III. DI HE DEATH BUT NOT ESLATED TO THE FEMINAL TO THE DEATH BUT NOT ESLATED TO THE FEMINAL TO THE DEATH BUT NOT ESLATED TO THE FEMINAL TO THE DEATH BUT NOT ESLATED TO THE FEMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 20A. DATE OF OPERATION [208. CONDITION FOR WHICH OPERATION WAS PERFORMED UNDERVINDED CONTRIBUTION OF INJURY OF OPERATION [209. (Year) (Heur) OPERATION WAS PERFORMED III. BLATTERY AND CAUSE (A) STATING THE FEMINAL COUNTRY OF OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No.) Yes UNDERVINDED OF OPERATION [209. (Year) (Heur) OPERATION WAS PERFORMED 22. WHERE DID (II IN Bellimare City, give exact location) AD DATE OF OPERATION [209. (Year) (Heur) OPERATION WAS PERFORMED 22. AUTOPSY? (Yes or No.) Yes UNDERVINDED OF OPERATION [209. (Heur) OPERATION WAS PERFORMED 22. AUTOPSY? (Yes or No.) Yes UNDERVINDED OF OPERATION [209. (Heur) OPERATION WAS PERFORMED 22. AUTOPSY? (Yes or No.) Yes UNDERVINDED OF OPERATION [209. (Heur) OPERATION WAS PERFORMED 22. AUTOPSY? (Yes or No.) YES OF OPERATION [209. (Heur) OPERATION WAS PERFORMED 22. AUTOPSY? (Yes or No.) YES OF OPERATION [209. (Heur) OPERATI	9. [ATE OF BIRTH	1			If Under 1 Yr.	If Under 24 Hrs.							
Md. WHAT COUNTRY Charles J. Prodey Sr.	7	1/26/19	53					218	Bosley	Avenue				
AMADELAND AMADE	11.		tate ar fareig	gn cauntry)				13. FATHER'S	NAME					
Virginia M. Rossman						TICA		Char	les J.	Ptod€	y Sr.	美英英英		
None Virginia M. Rossman	14A dane	USUAL OCCU	PATION (Giv	ve kind af work I ven if retired)	4B. KIND	OF BUSINESS	OR INDUSTRY							
SECURITY NO. Charles J. Prodey Sr. Same		none								. Koss				
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Column C		19.	121	1		C	AUSE OF DEA	TH						
Column C		DISEAS	E OR COND	ITION DIREC	TLY		Traum	atic sub	archnoi	l hemor	rhage			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 220. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WAS PERFORMED 222A. EXTERNAL CAUSE WAS UNDERLYING SOR CONTRIBUTING TO THE DEATH. 222A. EXTERNAL CAUSE WAS UNDERLYING SOR CONTRIBUTING TO THE DEATH. 222B. PLACE OF INJURY (e.g., in or about 22C. WHERE DID (II in Boltimare City, give exact location) home, form, foctory, street, office bidg., etc.) INJURY OCCUR? 222B. PLACE OF INJURY OCCUR? Very Company of the Control of the Co							(A)IMMEDIATE C	AUSE						
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		heart failure,	asthenia, etc	. It means the	disease,		DUE TO, OR	AS A CONSEQUI	ENCE OF:					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) yes VOIDERLYING CONTRIB. UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hour) 22E. INJURY OCCURED OF INJURY OCCURED OF INJURY OCCURED OF INJURY 7 26 72 3 40 WHILE AT NOT WHILE AT WORK Subject passenger in auto which struct parked car. 1 certify that I held an Inquiry Inspection Accident XX Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXA		injury ar can	plication whi	ch caused dea	th.)									
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 (A). 2004. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WAS PERFORMED 2224. EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIBUTING CAUSE OF DEATH. 2226. TIME (Month) (Day) (Year) (Hour) (Poor) (Hour) (Poor) (Hour) (Poor) (Poor) (Hour) (Poor) (P							(B)							
UNDERLYING CONDITION LAST. (c) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 22A. EXTERNAL CAUSE WAS UNDERLYING CONTRIB. UNDERLYING CONTRIBUTION ACTUAL SIGNATURE UNDERLYING CONTRIBUTION 22B. PLACE OF INJURY (e.g., in or about place of the bidg, etc.) NOT WHILE AT WORK SUBJECT PASSENGER IN Auto Which Struc parked car. 22C. WHERE DID (If in Bollimare City, give exact location) INJURY OCCUR? SUBJECT PASSENGER IN Auto Which Struc parked car. 22F. HOW DID INJURY OCCUR? Subject passenger in auto Which struc parked car. 23. I certify that I held an Inquiry Inspection Accident St. Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE ACTUAL SIGNATURE DATE SIGNED 7/26/72		DISEASES O	OR CONDITI	ONS, IF ANY,	GIVING		DUE TO, OR	AS A CONSEQU	JENCE OF:					
22A. EXTERNAL CAUSE WAS UNDERLYING GOR CONTRIB. UNDERL	z	UNDERLYIN	G CONDIT	ION LAST.			(c)		de dentrat the constitute de thirties de tale de de de de de de de					
22A. EXTERNAL CAUSE WAS UNDERLYING GOR CONTRIB. UNDERL	은			II										
22A. EXTERNAL CAUSE WAS UNDERLYING GOR CONTRIB. UNDERL	Y													
22A. EXTERNAL CAUSE WAS UNDERLYING GOR CONTRIB. UNDERL	Ⅱ	DISEASE OR	CONDITION	GIVEN IN PA	RT 1 (A).									
22A. EXTERNAL CAUSE WAS UNDERLYING GOR CONTRIB. UNDERL	E	20A. DATE OF	OPERATIO	N 20B. CON	IDITION	FOR WHICH C	OPERATION W						PSY? (Yes	or Na)
UNDERLYING GOR CONTRIB. UTING CAUSE OF DEATH. 22D. TIME (Manth) (Day) (Year) (Hour) OF INJURY		2												
22D. TIME (Manth) (Day) (Year) (Haur) (Approx.) 7 26 72 3:40 WHILE AT WORK Subject passenger in auto Which struce parked car. 1 certify that I held an Inquiry Inspection Accident XK Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 7/26/72	ō					22B. PLACE O hame, farm, fac	F INJURY (e.g., tary, street, affic	e blda., etc.) IN.	JURY OCCUR?			ct location)	11	
OF INJURY 7 26 72 3:40 WHILE AT WORK Subject passenger in auto which structure parked car. 23. I certify that I held an Inquiry Inspection Accident Structure Parked car. Accident Structure Parked car. CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER 7/26/72	哥	UTING CA	USE OF DEA	ATH.								~ /		
Accident	2	OF INJURY							Subject	passen	ger in a	uto wh	ich s	truc
I certify that I held an Inquiry Inspection Autapsy XX and that on this basis, death in my apinion resulted fram: Notural caused Accident XX Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER 7/26/72			, -	.0 /2	a	m. WORK	AT W	ORK K						
ACTUAL SIGNATURE ACCIDENT ACCIDENT ACCIDENT ACCIDENT ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 7/26/72			tifo along 1 le		Г	1	Al 🗆 A			shin hanta	Jamah In	_ •_•		
ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER 7/26/72					1				_			\neg		
ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER XXX 7/26/72		result	red tram: N	toturos caus	594 🗀	Accident	Sulcio					_		
SIGNATURE 7/26/72		ACTUAL		X(1,1	11	7/11	11.						DATE SIG	NED
				-4/	1 .	- 11 5	M.D	,				7/2	6/72	
EXAMINER'S Peter Lipkovic, M.D. ASSOCIATE MEDICAL EXAMINER L				ecer Li	pkovi	.c, M.D.		A550C	IATE MEDICAL	EXAMINER				
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State)		BURIAL CREA	MATION,	24B. DATE		24C. NAME	of CEMETERY	or CREMATOR	Y 24D	LOCATION	(City, tawn	, ar caunty)	(Sto	oto)
Burial 7/29/72 Loudon Park Balto. Md.			ly)	7/29/	72	Loud	on Par	K	19	Balto	. Md.			
Dat Total		DUI TOT	BY HEALTH	.,					INERAL DIRECT			DDRESS		
	25/	A. DATE REC'D	BY HEALTH	DEPT.	7 25B. N	AME OF REG	ISTRAR,	25C. FU	NERAL DIRECT	OR	A	DDRESS		

Leonard J. Ruck Inc. Balto. Md.

VS 151-REV. 1/1/68

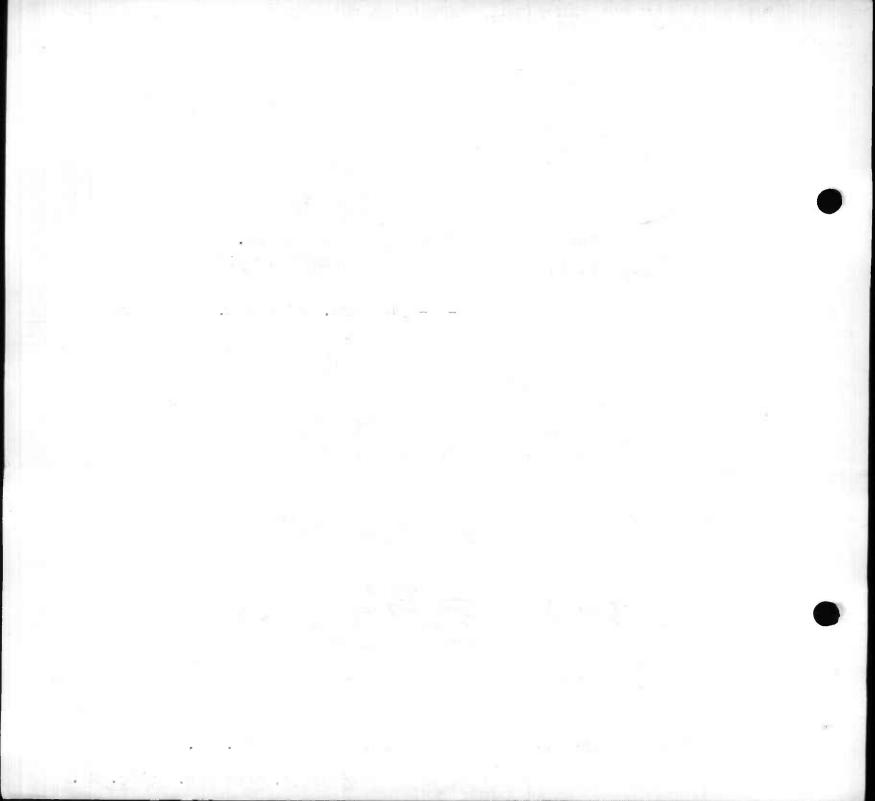
And the Control of the Control . 212. Wireling . Hareann was a water i bearing SECTION OF THE RESIDENCE BUT SINGTON CAVE BY THE ROLL OF THE TENT BLEE. Mi.

BI	9-300 RTH NO	72	0707	5 BALTIMORE CITY CERTIFICA	HEALTH DEPARTMENT	REG. NO	2 0707	5
	NAME OF DECEAS	M		C	2. DATE	AND HOUR OF DEAT	н /	2 45
3.	PLACE IN BALTIM	ORE, MARYLAND, W		JNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. II	institution: residence	M. e befare odmission)
II H	ULL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	District of C. CITY OR TOWN	Columbia	ISIDE CITY LIMITS?	48
9	House	in the Pine	s-Belai:	r Road	Washington E. STREET AND NUMBER		YES	ио 🔀
5.	SEX 6.	ACE	7. MARRIED	NEWER MARRIED	Unknown 8. DATE OF BIRTH	9. AGE (in years	II Under 1 Yr.	II II - 1 - 24 II -
	Female	Caucasian	WIDOWED		11/16/1887	lost birthdoy	Months Days	Hours Min.
t0.	A. USUAL OCCUPA	TION (Give kind at work			11. BIRTHPLA CE (Stole or fo	oreign country!	12. CITIZEN O	WHAT COUNTRY?
	Typist		Federa	al Government	Maryla	nd		USA
13.	FATHER'S NAME				14. MOTHER'S MAIDEN N	AME		
		eph Rabenau			Katie	Unknown		
15. (Ye	Was Deceased Events, na ar unknown)	r in U. S. Armed Foreyes, give wor or date	es? of servicel	SECURITY NO.	17. INFORMANT		ADDR	RESS
	No				Mr. Milton O.	Price Hy	des Martl	and
		R CONDITION DIR	ECTLY	(A) IMMEDIATE CAL	Perty.	E W1	APPR BETWEE	OXIMATE INTERVAL N ONSET AND DEATH
	(This does not r heart lailure, asth injury ar complic	ine.	hereby					
		ECEDENT CAUSES		(B) Open	Lis artison	mi	year	•
	DISEASES OR CONTROL OF THE PROPERTY OF THE PRO	CONDITIONS, il (bove couse (A) ONDITION last,	ny, giving slaling the	(C)	A CONSEQUENCE OF:			
FICATION	TO THE DEATH BU	IT CONDITIONS CONTINUES TO THE STATE OF THE	E TERMINAL 1 (A). STION FOR W	Chumi On	20A. AUTOPSY? (Yes or	No) 208, IF YES, WERE	E FINDINGS CONS	IDERED
ERTIFIC	0	WAS PERF	- 0.7			IN CERTIFYING C	AUSES OF DEATH	2
ICAL C	DEATH (notity med	AS UNDERLYING DE CAUSE OF COL exominer	21 B. home elc.)	PLACE OF INJURY (e.g., li c, farm, factory, street, of	n or about 21C. WHERE DID fice bldg., INJURY OCCUR?	(If In Boilim	ore City, give exact	location)
MEDI	21D. TIME (MC OF INJURY (APPROX.)	onthi (Dayl (Year)		e At At Work	21F. HOW DID II	NJURY OCCUR?		/
				e deceased from	/ - /	19 62 to	,	26/19/22
		saw the decease		1//3		that in (my) (eus) ap	Inian death acc	urred on the date
	and haur and fra 23A. SIGNATURE	m the causes state	ed abave. (1)	(We) (dld) (different) v	lew the bady after death	•	1028 DAYS 51511	50
	alles	- B Bran	lan	Atte.	Med.	Staff Phys.	238 DATE SIGN	/22
	23C. PHYSICIAN'S NAME (Type)		1	DEGREE	3D. ADDRESS			
24/	A. BURIAL CREMAT	ION, 248, DATE	24C. NA	DEGREE ME of CEMETERY OF CRE	MATORY 24D.	LOCATION (C	City, town, ar county	(Stote)
	Burial	7/28/7	2 Loud	lon Park Ceme	tery I	Baltimore Ma	ryland	
25/	A. DATE REC'D BY	HEALTH DEPT.	25B. NAME OF	FREGISTRAR	25C. FUNERAL DIRECTO	R	AD	DRESS
للبا	UL 48 1972	Trelyes	mo	WAS DE	Leonard J. H	wick Inc. 53	05 Harford	Rd. 21 21



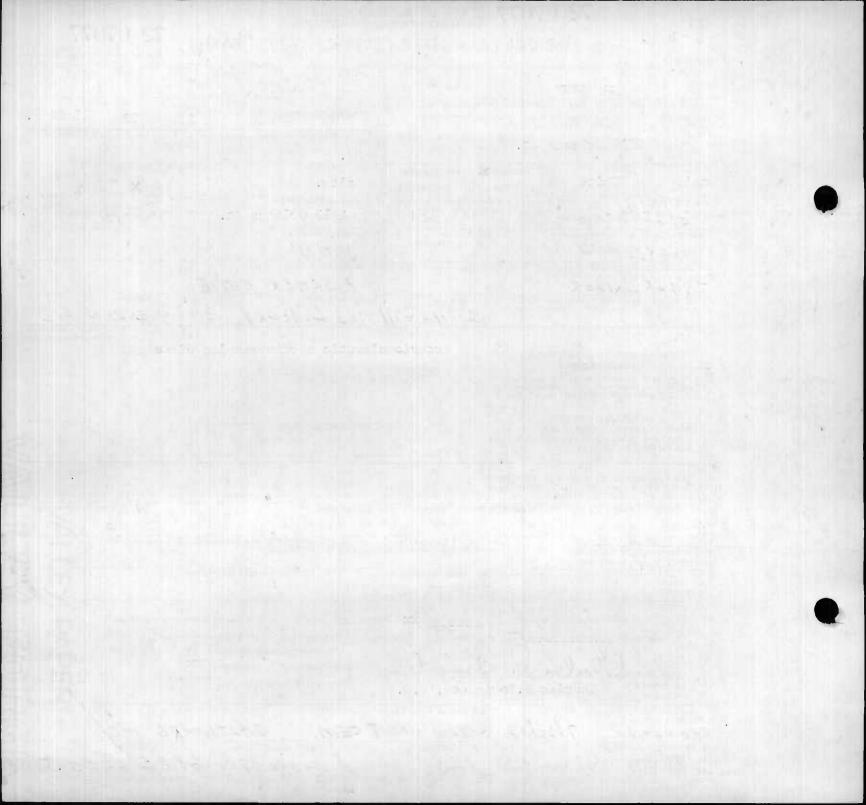
FUNERAL DIRECTOR: IMPORTANT

H-160 72 0707	15	TE OF DEATH	REG. NO.	2 07076		
1. NAME OF DECEASED (Type or Print) TOSEPH H	ENRY HUBE		D HOUR OF DEATH	MARYLAND-DHMH		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON			6-72	Julion: residence before admission)		
FULL NAME OF (IF NOT IN HOSPITAL OR INST	TTUTION, GIVE STREET	a. STATE B. COUNTY 3907 Fleet word Au 2745 C. CITY OR TOWN D. INSIDE CITY LIMITS?				
49 - 1000 Chorls	S-Hoyld	E. STREET AND NUMBER	· /	ES NO		
M WIDOWE		3-1-1897	ost birthdoy)	If Under 1 Yr. II Under 24 Hrs. Aonths Doys Hours Min.		
10A. USUAL OCCUPATION [Give kind of work 10B, KIND of done during most of working life, even if relired) Crown Carlo	of business or industry	Bollo M	ld.	12. CITIZEN OF WHAT COUNTRY		
Georp Hicke		Anna Sper	lein ferlem	,		
15. Was Decegsed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)		17. INFORMANT		ADDRESS		
no	212-12-6312	Mrs. Dolore	s M. Huber	same		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATI	Sester	Shock	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
(This daes not mean the made al dying, e.g. hearl failure, asthenia, etc. It means the diseas injury or camplication which caused death.) ANTECEDENT CAUSES	DUE TO OR AS	aconsequence of: any trat Ly	Lati, CV	14		
DISEASES OR CONDITIONS, if any, givin rise to the above cause (A) stoling the UNDERLYING CONDITION last.		A CONSEQUENCE OF:		***************************************		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	7 /####################################			***************************************		
179A-DATE OF OPERATION 179B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN IN CERTIFYING CAUSE	DINGS CONSIDERED		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	B.PLACE OF INJURY (e.g., in me, form, foctory, street, of c.)	or obout 21C. WHERE DID injury OCCUR?	(If In Boltimore C	ity, give exact location)		
S OF INJURY	E INJURY OCCURRED Thile AI Not White At Work	21F. HOW DID INJU	RY OCCUR?			
22. I certify that 41) this hospital attended that (I) (we) lost sow the deceased office on			72 ta t in(my) (our) opinio	n death occurred on the date		
ond hour ond from the couses stoted above. 23A. SIGNATURE			23	B. DATE SIGNED		
23C. PHYSICIAN'S NAME (Type)	DEGREE Phys	Med. Director P	hys.	7-26-72		
	DEGREE					
KEMOVAL (Specify)	ardens of Fa		to. Md.	town, or county) (Stote)		
	OF REGISTRAR	25C. FUNERAL DIRECTOR	FIG.	ADDRESS		
JUL 28 1972 Silver (15)	71200	OLeonard J. J	uck Inc. B			



VS 151-REV. 1/1/6B

DABROWSKI 2818 E. BALTO ST



75705	M-210 72 07078 CERTIFICA.						
oital and of death Deceased e on the onth. Such	1. NAME OF DECEASED (Type or Print) MOCKABEE MARY L.	Jucy					
	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased ny					
hospi ise o (5) D ance deat	FULL NAME OF HE NOT IN HOSPITAL OR INSTITUTION GIVE STREET	Md.					
a hose cause se; (5)	HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS? YES NO	J				
ting card d cause; r attend	GOOD SAMARITAN HOSPITAL	E. STREET AND NUMBER					
U b a/	5. SEX 6. RACE 7. MARDIED 1 AIRLED MADDIED 18.	147 N. LINWOOD AVE.					
contribution to the contribution of the contri	WIDOWED DIVORCED	6-14-1896 9. AGE (In years li Under 1 Yr. Il Under 24 Hours Min.	la				
irect or c (4) Under was in the dece	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11 done during most of working life, even if refired)	1. BIRTHPLACE (State or (oreign country) 12. CITIZEN OF WHAT COUNT 14. A	TRY?				
		4. MOTHER'S MAIDEN NAME					
	WILLIAM BIRTHISTLE 15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17	MARY ANN HALL					
	15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (It yes, give war ar dates of service) 16. SOCIAL SECURITY NO.	SON - Lloyd MOCKABEE					
	18. CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA					
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE	PNEUMONIA WEEK					
orer or cture ar a ar a bain	heart failure, asthenia, etc. It means the disease,	CONSEQUENCE OF:	-				
- C 0 - E	injuty at complication which caused death.) ANTECEDENT CAUSES (B) CHEON	VIC DEBILATATION ZYEAR,	K				
re A P	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:						
_ 000 = - 4	UNDERLYING CONDITION lost. (c). OSTE	OARTHRITIS 20 YEAR	5				
chief medical y a medical Body burns; (the physicial ysician was i	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL						
by a med by a med 2) Body bure the phy physician fore the re	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994 DATE OF OPERATION WAS PERFORMED WAS PERFORMED	20A- AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	_				
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in o hame, form, factory, street, affice		_				
+ 5000	DEATH (notify medical examined)	e bidg., INJURY OCCUR?					
	D 21D TIME (Manth) (Doy) (Year) (Haw) 21E INJURY OCCURRED OF INJURY Approximation Manth Manth	21F. HOW DID INJURY OCCUR?					
proved by the hosp my naturexcept ward (6) shear	Wark At Wark						
an)	22. I certify that (f) (this hospital) attended the deceased from	19 72 and that In(my) (our) apinion death accurred an the de	-				
0 - 0 B E 0	and hour and fram the couses stated above. (We) (did) (did not) view		ate				
dent of death)	23A. SIGNATURE	23B, DATE SIGNED	_				
- V E A	23C. PHYSICIAN'S Column WD DEGREE Phys.	ling Med. Staff Phys. Director Phys. D. ADDRESS					
ificate m y was rel 1) An acc 3.A. at a d prior to	NAME CYPE MICHAEL COLVIN MD	C C 11					
certificat body was vs. (1) An D.O.A. al assed pric	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMA	ATORY 24D. LOCATION (City, Jawn, or county) (State)	_				
ws: D.C.	DURIAL 1-26-72. New Cothe das	of Car Botto, Md.					
This certifue body shows: (1) was D.O. deceased written a	25A. DATE REC'D BY HEALTH GEPT. 25B. NAME OF REGISTRAR	B. DAR BO US + 1 2 + UF E. Bato, St.					
	VS 150-REV. 1/1/68	The holls of a bill of the holy of the holy of the	_				

Cocco SAMARITHA HOSTORE THE IN SECURIORS ASSET 28 ON 11 - 14 - 150 82 WILLIAM BERTHISTEE WHEE ARN HALL Send they after known CHECKLE DRIVER ATTERED CSTOC ARTHELTS Jany 23 Feb 12 ce from at Michael Colom 1110 MICHAEL CONTRACTOR GOED SAMPRETAN MERCEN

Gettysburg Nat'l Cem.

25C. FUNERAL DIRECTOR

25B. NAME OF REGISTRAR

Gettysburg, Pennsylvania

Robert C. Altenburg Funeral Home

6009 Harford Rd. - Balto.

ADDRESS

Md.21

REMOVAL (Specify)

VS 151-REV, 1/1/6B

Removal

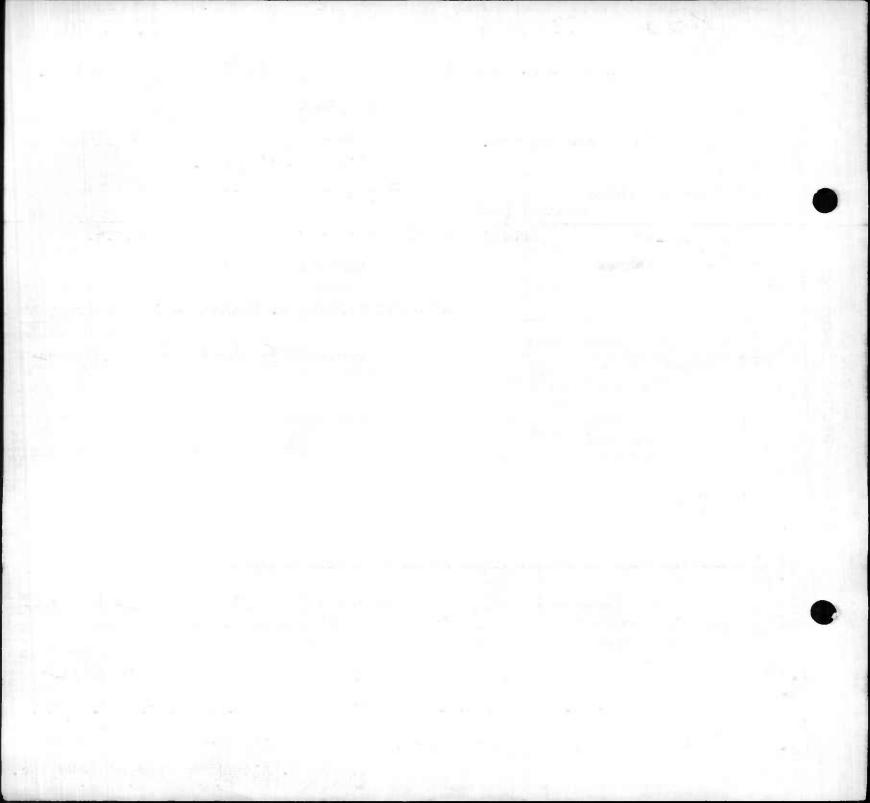
25A. DATE REC'D BY HEALTH DEPT.

7/28/72

The contract of the . P. Charles and the F. of the angle of the control

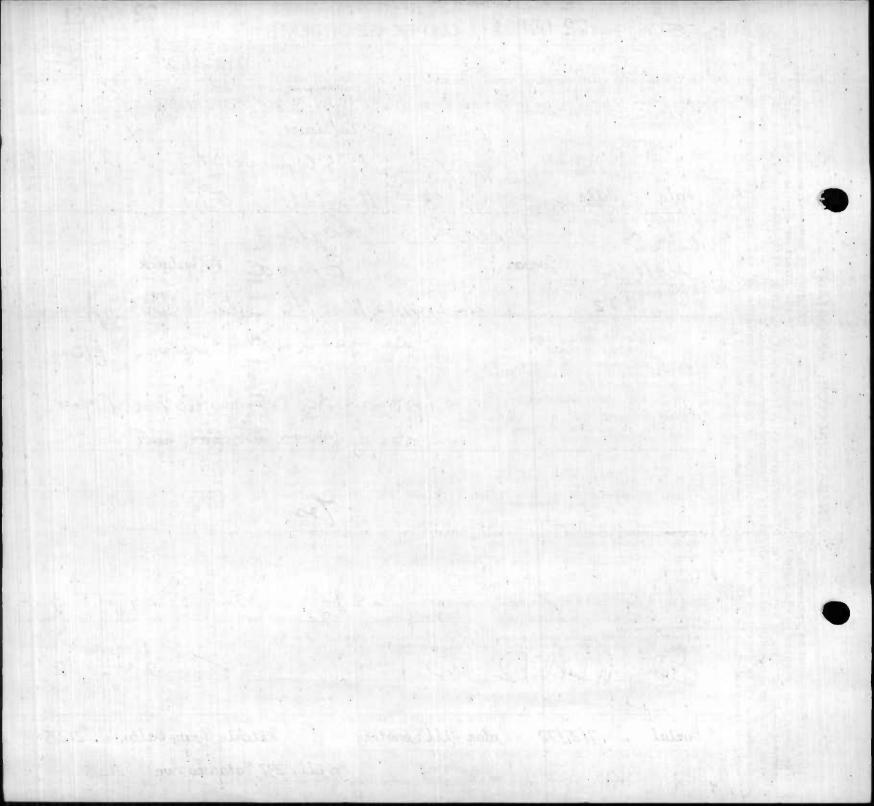
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

12	מכי	C. Mario	BALTIMORE CITY	HEALTH DEPARTMENT		MO 010000
556 C	12	0708	CERTIFICA	TE OF DEATH	REG. NO	72 07080
I. NAME OF DE	CEASED				STATE OF AND HOUR OF DEAT	MARYLAND-DHME
(Type or Print)	Lillian	M. K	eehner	7/	24/72	1 8:00 P. M
3. PLACE IN BA	LTIMORE MARYLAND, V	HERE PRO	OUNCED DEAD	4. USUAL RESIDENCE (W. A. STATE B. CO.	here deceased lived. If	institution: residence before admission)
FULL NAME OF	UE NOT IN HOCHT	AL OR INC	TITUTION, GIVE STREET	Maryland	UNIT	1725
HOSPITAL OR	ADDRESS OR LOC	ATION)	HIGHON, GIVE STREET	C. CITY OR TOWN	In thi	ISIDE CITY LIMITS?
	2006 ** 3 '			Baltimore	J. 114	YES K NO
00	3006 Woodri	ng Av	e.	E. STREET AND NUMBER		120
				3006 Woodr	ing Ave.	
5. SEX	6. RACE	7- MARRIE	D NEVER MARRIED	8. DATE OF SIRTH	9. AGE (In years	II Under 1 Ye, If Under 24 Hrs.
Female	White	WIDOW		1/14/1897	lost birthdoyl	Months Doys Hours Min.
IOA. USUAL OCC	UPATION (Give kind of world	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fe	preign country)	12. CITIZEN OF WHAT COUNTRY?
	working life, even if retired)	Scho	ol teacher	Maryland		II C A
Retir		belle	or ceacher	14. MOTHER'S MAIDEN N	4448	U.S.A.
John K				Catherine		
		9	11 / 20 - 2			
(Yes, no or unknow	Ever in U. S. Armed For	s of sorvice		17. INFORMANT		ADDRESS
No			214-40-455	B Lillian M.	Keehner -	3006 Woodring Av
18. def.	2131		CAUSE OF DEAT	Н		APPROXIMATE INTERVAL
DISEA	SE OR CONDITION DI	RECTLY			- 1 1.	BETWEEN ONSET AND DEATH
(711-	LEADING TO DEATH		(A)IMMEDIATE CAL	USE arteriorder	r heart of	laur 5 years
heart failure,	nat moon the mode of osthenio, etc. It means	dying, e.	DIETO OPAC	A CONSEQUENCE OF:	****************	
	mplication which caused					
	ANTECEDENT CAUSES		(a)			
DISEASES	OR CONDITIONS, if	any, givir	g DUE TO, OR AS	A CONSEQUENCE OF:	*******************	*************************************
rise to th	e above cause (A) G CONDITION lost,	stating t	10			
			(C)			
OTHER SIGNI	II FICANT CONDITIONS CO	NTRIBUTING	3			
TO THE DEA	TH BUT NOT RELATED TO THE CONDITION GIVEN IN PAR	4F TERMINA	[
OTHER SIGNII TO THE DEA DISEASE OR C	OPERATION 198 CON	DITION FO	WHICH OPERATION	20A. AUTOPSY? (Yes or		FINDINGS CONSIDERED
	WAS PERF			No	IN CERTIFYING C.	AUSES OF DEATH?
U 21A. ACCIDE	NT WAS UNDERLYING L		B PLACE OF INJURY (e.g., i	or obout 21C. WHERE DID	(If th Boltime	ore City, give exect location)
DEATH (notif)	medical examiner	0	ome, farm, factory, street, of ic.)	Hee Didg., INJURY OCCUR?		
21D. TIME OF INJURY	(Month) (Doy) (Yearl	(Hour) 2	E INJURY OCCURRED	21F. HOW DID IN	NJURY OCCUR?	
S (APPROX.)			Vhile At Not While	†		
20. 1			Vork L At Work	Lud 1	(1)	uly 2.16
22. I certity	that (1) (thi s hospital) attended	heles 24	natel 14	195 10	19/
	last saw the decease			19and	that in (my) (our) op	inion death occurred on the date
		ed above.	(1) (We) (did) (did not) v	lew the body after death	•	
23A. SIGNATU	0/1/2		1		10 H 10 T	23B DATE SIGNED
6	Allen		M. A Atter	nding Med.	Staff Phys.	7/26/72
23C. PHYSICH NAME (1	N/S		DEGREE	3D. ADDRESS		1-1-
TANKE (Edward J. A	less	i. M.D.	6217 Harford	d Rd Ba	lto., Md. 21214
44. BURIAL CRE	MATION 248 DATE		NAME of CEMETERY OF CRE			
Buria.	Specify)					
-			udon Park Cei	-	ltimore	Maryland
1111 2	8 1977 100	THE NAME	Y/UFW TY	Robert C.	Altenburg	Funeral Home Inc
/S 150-PEV. 1/1/	- 1011	1	1 6 5 1 0	6009 Harfo	rd Rd P	Md.21214



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

		BALTIMORE CITY	HEALTH DEPARTA	MENT	7	2 07081
	1-635 72 07081	CERTIFICA	TE OF DEA	41H	EG. NO	WARVI AND DHWH
	DORDAN FLME	e	2.	DATE AND HOUR	4112	1 635 A N
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE		4. USUAL RESIDEN	ICE (Where decease B. COUNTY	d lived. If institut	on: residence before admission)
FU	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION STITUTION (IF NOT IN HOSPITAL OR INSTITUTION)	N, GIVE STREET	Md.		D. INSIDE C	2505
17	/ 3		Baltimon	re		NO I
7	SOUTH BALTIMORE GEN	Hose	E. STREET AND NU	DAOSA S	5+.	21226
5. \$	Y 200	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (II	n yeors If	Under 1 Yr. , If Under 24 Hrs.
	Male White WIDOWED	DIVORCED	11-30-21	lost birthd		nths Doys Hours Min.
	. USUAL OCCUPATION (Give kind of work 10B, KIND OF BU e during most of working life, even if retired) RCTUPED DUPON	_	MATY/	ote or foreign country	12.	USA
13.	FATHER'S NAME		14. MOTHER'S MAI	/	N //- 1 - 4 - 1	1
	WAlter Jordan			ma "	1. Undutch	2
15, Yes	s, no or unknown) (If yes, give wor or dotos of service)	SOCIAL SECURITY NO. 12-14-9/36	Munt/	le wile	150	55 Cypresa St
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEAT	myocarlal	wfunction -	hypotenia	BETWEEN ONSET AND DEATH
	(This does not meon the made of dying, e.g., heart tailure, asthenio, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES		A CONSEQUENCE OF	Calina	Q Dran	Duran
	DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stating the UNDERLYING CONDITION last.	(8) DUEVO, OR AS	A CONSEQUENCE O	~ May	was or pos	e ioyas.
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		0 0	J	•	
CERTIFIC,	19A. DATE OF OPERATION 19B. CONDITION FOR WHI	CH OPERATION	20 A. AUTOPSY? ()	Yes or No) 208. IF IN CER	YES, WERE FINDI	NGS CONSIDERED OF DEATH?
AL CE	21A. ACCIDENT WAS UNDERLYING 21B. PLA OR CONTRIBUTING CAUSE OF DEATH (notify medica) examinat)	OCE OF INJURY (e.g., i orm, foctory, street, o	n or obout 2 C. WHER	RE DID CCUR?	If In Boltimore Ctty	, give exect location)
MEDIC	21 D. T)ME (Month) (Doy) (Year) (Hour) 21 E. IN. OF INJURY (APPROX.) While A	Not While	· n	DID INJURY OCC	U R?	
	22. I certify that (1) (this hospital) attended the a	leceased from	24 Jul	1971	10 2	4 Jul 19 /2
	that (I) (we) lost saw the deceased alive on	2 y fue	19 7 2			death occurred on the dat
	and hour and from the causes stated above. (i) (W	(e) (did) (did not) v				
	23A SIGNATURE				23B	DATE SIGNED
	John (il befoles)	MD Atte	nding Med.	tor Staff Phys.	2	4/18/2.
	236- PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS			
- 4 4		DEGREE				
24A	PEMOVAL (Specify)	Hill Cemet		Ritchie	0	wn, or county) (Stote) Lto Md. 21225
25A	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF R	EGISTRAR	25C. FUNERAL D		A	ADDRESS
	JUL 28 1972 Trechey Mino	non	Moully	+ 237 Pata	osco Ave	21225
VS	150-REV. 1/1/68		3 0 7	8		



attendance on the deceased prior to death. Such

was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased prwritten approval must be obtained before the remains are embalmed or final disposition is made.

25A. DALJECO S

VS 150-REV. 1/1/68

HEALTH DERT

258 NAME OF REGISTRAR

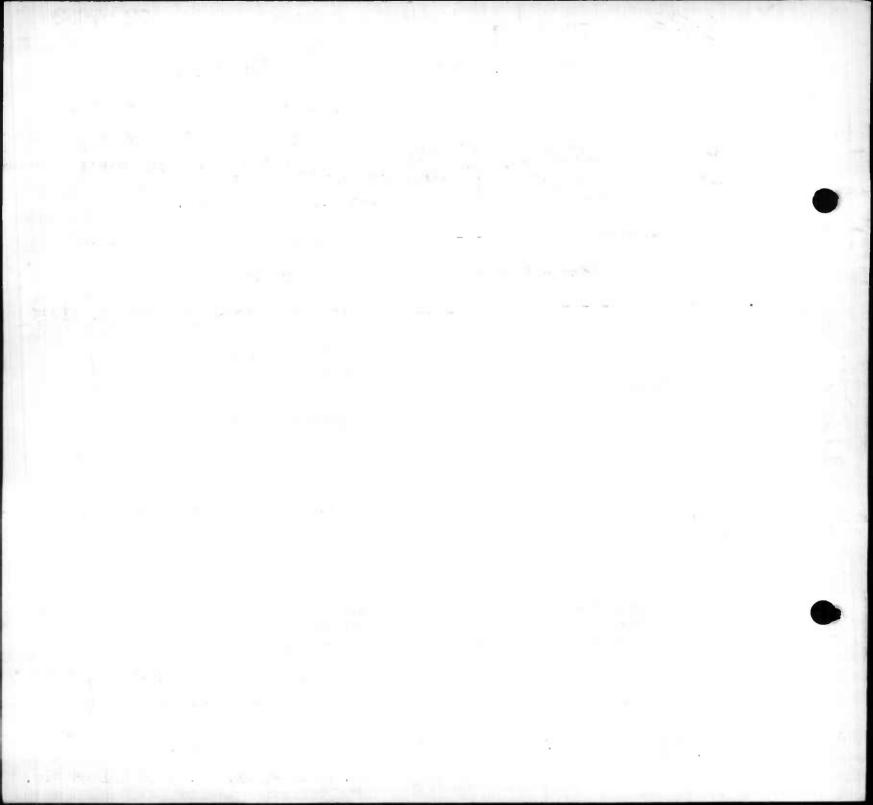
death was in regular attendance

on the

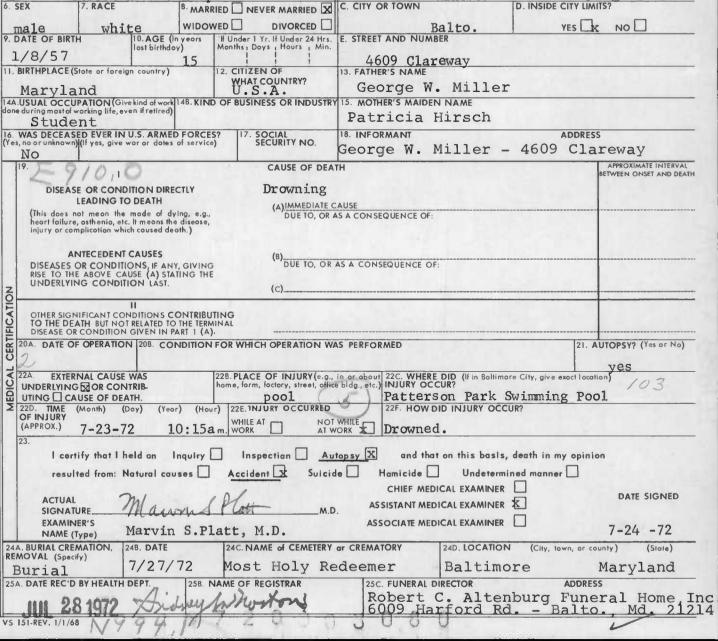
	7 136			BALTIMORE CITY	HEALTH DEPAR	RTMENT			72 070	082
en	ON HIS	72 (7082	CERTIFICA	TE OF DE	EATH	REG. 1	VO		AND DIVI
1.1	NAME OF DEC	EASED					ND HOUR OF	STAT	LE OF MAR	YI.AMD=DEME
СТУ	pe or Print)	Gertr	ude I.	Snyder			uly 25,		2 1	
3.	PLACE IN BAL	TIMORE, MARYLAND, V	HERE PRONO	UNCED DEAD	4. USUAL RESID				itution; residence t	pefore admission)
FL H	ILL NAME OF OSPITAL OR STITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTIT	UTION, GIVE STREET		yland			E CITY LIMITS?	06
		909 IJ	273	h). O4	Bal	timor			(20)	
(th Street dd. 21211	E. STREET AND	NUMBER	37th S	tree	t 2121	1
5.	SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRT		9. AGE (In yea			If Under 24 Hrs.
	male	White	WIDOWED	M DIVORCED	Oct 8,18	892	last birthdoyl		If Under 1 Yı. Months Doys H	lours Min.
t0/	. USUAL OCCU	JPATION (Give kind of wor.	TOB, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(Slale or lose	ign country!		12. CITIZEN OF W	HAT COUNTRY?
		ewife			Mary	land			U.S.	A
13.	FATHER'S NAM	A E			14. MOTHER'S A		ME			
		George	Sprou	ıl	(Gardne	er			
15. (Ye	sano or unknown)	Ever In U. S. Armed For	ces?	1 6- SOCIAL SECURITY NO.	17. INFORMANT				ADDRES	\$
	No			212-16-0016	Edith B	Hitch	cock-91	8 St	oll St.	21225
	18. 44	2,44		CAUSE OF DEAT	H				1 APPROXI	MATE INTERVAL
		E OR CONDITION DI LEADING TO DEATH	RECTLY		P	00,	1		DET WEEK C)
	(This does no	ol mean the made of	dying, e.g.,	(A) IMMEDIATE CAU	A CONSEQUENCE) (\(\)	11)		7	Rais
	injuty at cam	asthenia, etc. 11 means plication which caused	the disease, deoth.)		- CONSEQUENCE	01.				
l	A	NTECEDENT CAUSES		(0)						
	DISEASES O	R CONDITIONS, if	any, giving	(B)	A CONSEQUENCE	OF:		************		
	rise to the	above cause (A) CONDITION last.	slaling the	(c)						
		11		(7/						
ERTIFICATION	TO THE DEATH	CANT CONDITIONS CO I BUT NOT RELATED TO TO ONDITION GIVEN IN PAR	HE TERMINAL	M0000m00000000000000000000000000000000	1 0 dd 0 dd mbaaa aa ya ado o goy			***********		
FIC		OPERATION 198 CON	DITION FOR Y	WHICH OPERATION	20A. AUTOPSY	? (Yes or No	20B, IF YES,	WERE FIN	DINGS CONSIDE	RED
CERT	O A COLDEN						IN CERIFIEN	IG CAUSE	ES OF DEATH!	
MEDICAL C	OR CONTRIBUTE	T WAS UNDERLYING TING CAUSE OF medical examined	hom etc.J	PLACE OF INJURY (e.g., ir e, form, lactory, street, all	or about 21 C, WH fice bldg., INJURY	IERE DID OCCUR?	(I) In B	Sallimare C	City, give exact lace	otion)
AEDI	21D. TIME OF INJURY	(Month) (Dayl (Year)		INJURY OCCURRED	1	W DID INJ	URY OCCUR?			
2	(APPROX)		Whi	le At Work						
	22. I certify t	that (1) (this hospital) ottended ti	ne deceosed from	Mord		19 6 8to		lob	1972
	that (I) (we)	lost sow the deceose	d alive on	1014	19 フレ	ond th	at In (my) (ou	r) opinio	on deoth occurre	ed on the date
	ond hour ond	from the couses stat	ed obove. (I) (We) (dld) (dld not) vi	lew the body off					
	23A. SIGNATUR	RE 4	A	.			1.12	23	B DATE SIGNED	-
	Thee	dun Kol	elque	DEGREE Phys	nding Med	d. octor	Shoff Phys.	J	July 26,	1972
	PHYSICIAN NAME (Ty	s Sheldon Go	ldgier	2	3D. ADDRESS	est 3	6th St	reet	21211	
24A	BURIAL CREA	AATION, 248. DATE	24C. NA	ME OF CEMETERY OF CRE			CATION		town, or county!	(State)
	Buria.		72 Dr	uid Ridge C	emetery				Maryland	

25C. FUNERAL DIRECTOR
A. Alan Spitz, Jr.

3818 Roland



72 07083 STATE OF MARYLAND-DHME MEDICAL EXAMINER'S CERTIFICATE OF DEATH BIRTH NO NAME OF DECEASED 2. DATE Known Month Dov Venr Hour (Type or Print) OF Estimated | PATRICK MILLER DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE Hour Month Day Year PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET 23 1972 10:35a M HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived, If Institution; residence before almission) A STATE B COUNTY Church Home & Hosp. Md. C. CITY OR TOWN D. INSIDE CITY LIMITS? B. MARRIED NEVER MARRIED WIDOWED DIVORCED YES & NO Balto. male white 0. AGE (In years If Under 1 Yr. If Under 24 Hrs. F. STREET AND NUMBER lost birthdoy) Months | Doys | Hours | Min. 1/8/57 4609 Clareway 12 CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? George W. Miller Maryland Patricia Hirsch Student 18. INFORMANT ADDRESS SOCIAL SECURITY NO. George W. Miller - 4609 Clareway APPROXIMATE INTERVAL CAUSE OF DEATH 0,16 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Drowning LEADING TO DEATH (A)IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B)_______DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c)_ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION (20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) 22B. PLACE OF INJURY (e.g., in or about 22C. WHERE DID (If in Baltimore City, give exact location) hame, form, factory, street, office bldg., etc.) INJURY OCCUR? 22A. EXTERNAL CAUSE WAS UNDERLYING TOR CONTRIB Patterson Park Swimming Pool UTING CAUSE OF DEATH pool 22D. TIME (Month) 22F. HOW DID INJURY OCCUR? (Yeor) (Hour) 22E. INJURY OCCURRED OF INJURY NOT WHILE WHILE AT (APPROX.) 7-23-72 10:15am | WORK AT WORK Drowned. I certify that I held an Inquiry Autopsy X Inspection and that on this basis, death in my opinion Accident X Suicide Hamicide resulted from: Natural causes Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED



William Barrier State St CC Silv stalf. B corres

VS 150-REV. 1/1/6B

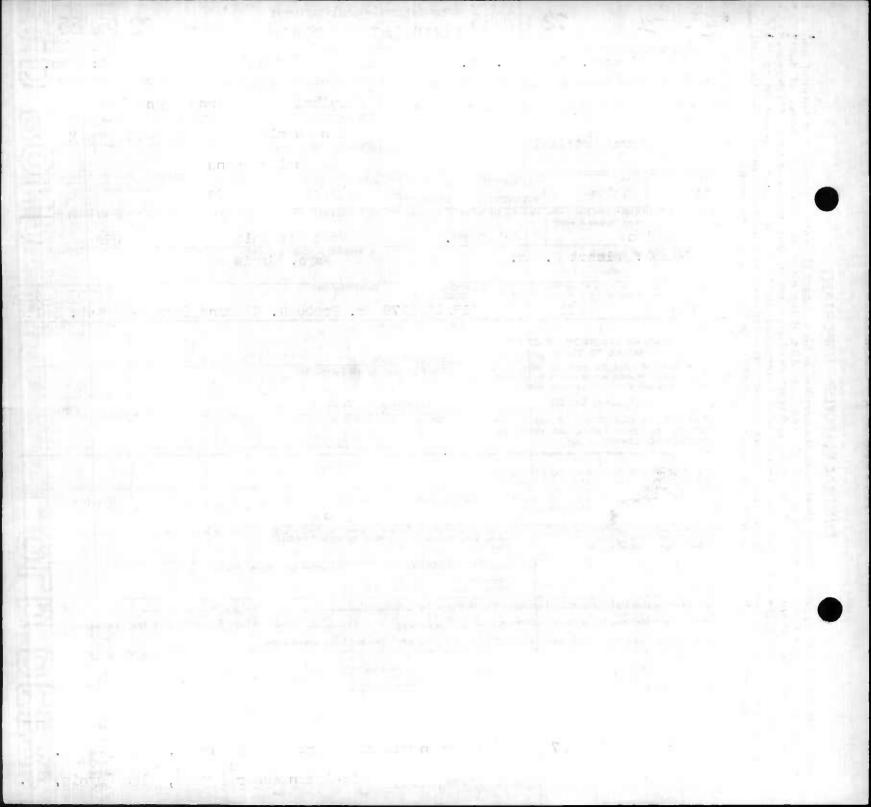
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as Deceased Ever in U. S. Armed	R			'S MAIDEN NAME			
as Deceased Ever in U. S. Armed			UNK	(OWN)			
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o or unknown) (If yes, give wor or		SECURITY NO.	- les	ight Singi	er 6513	3 Seulas	10118
1/ / 2 1/ 1			ATH J			APPRO	XIMATE INTE
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ANTECEDENT CAL	JSES	(B) A 5CL	D with	Chonce Bra	no Sundra	ne Yes	ers
			AS A CONSEQU	ENCE OF:	1	7-1	
		(c)					
11	75	No.					
THER SIGNIFICANT CONDITIONS	CONTRIBUTING						
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		THE CLERK THE T		II.	CERTIFYING CA	USES OF DEATH?	
1 A. ACCIDENT WAS UNDERLYIN	NG 21	B. PLACE OF INJURY (e.	a. in or about 21 C	WHERE DID	Of in Baltimor	- Ch	
R CONTRIBUTING CAUSE OF					(it in outlinot	e City, give exact l	ocation)
EATH (notify medical examiner)	hor	ne, form, factory, street	office bldg., INJ	URY OCCUR?	(it in building	e City, give exact i	ocation)
	eto	ne, form, factory, street	, office bldg., INJ	URY OCCUR?		e City, give exact i	ocation)
EATH (notify medical examiner)	(Hour) 211	ne, form, factory, street	office bldg., INJ	URY OCCUR?		e City, give exact i	ocation)
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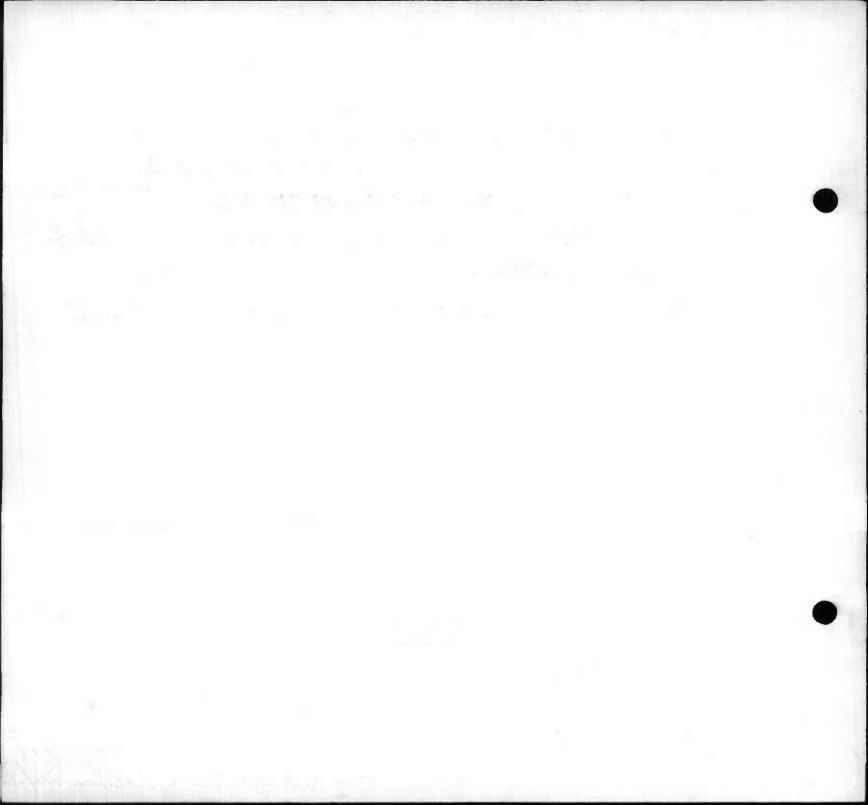
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0-55	-2 7	2 6708	X 7	HEALTH DEPARTMEN	· · · · · · · · · · · · · · · · · · ·	72 676	85
BIRTH NO.			CERTIFICA	TE OF DEATH	E AND HOUR OF BEAT		ND-DHMH
(Type or Print)	Simmons, Al	bert D.	Jr.		121/12	0:5	5 am.
3. PLACE IN BA	ALTIMORE, MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If OUNTY	institution: residence be	fore admission)
FULL NAME O	F (IF NOT IN HOSE ADDRESS OR LO	TAL OR INSTIT	UTION. GIVE STREET	Maryland	Anne A	rundel 5	200
INSTITUTION	ADDIES OR CO.	CAHON		Glen Burn		SIDE CITY LIMITS?	673
37	Mercy Hospi	tal		E. STREET AND NUMBI		YES NO	
				204 Phel	ps Avenue		
5. SEX Male	% RACE White	WIDOWED		8. DATE OF BIRTH 8/17/21	9. AGE (In years lost birthday)	If Under 1 Yr. If Months Days Ho	Under 24 Hrs.
done during most	CUPATION (Give kind of working life, even if refired	ork 10B, KIND O	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country!	12. CITIZEN OF WH	AT COUNTRY?
Superv	visor	AAI	Corp.	West Vir	oinia	USA	
3. FATHER'S N.	ns, Talbert E). Sr.		Mayo,	NAME linnie		
5. Was Decease	ed Ever in U. S. Armed F	erces?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	13 Audre
Yes	WW II	TO OF SCITICES		Mr. Bobby G	. Simmons (b		
18. 4. /	0.71		CAUSE OF DEAT			APPROXIM	ATE INTERVAL
DISE	ASE OR CONDITION E			() -	1 1 1 1 1	BETWEEN ON	SET AND DEATH
(This does	not mean the mode	•	(A) IMMEDIATE CAL		Standsdill	***********	****
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Ottoaketti	11		(c)				
OTHER SIGN TO THE DEA	IFICANT CONDITIONS COATH BUT NOT RELATED TO CONDITION GIVEN IN PA	THE TERMINAL	100000700700000000000000000000000000000	******************************	******************************		99-90-79 danis o danas
19A. DATE O	OF OPERATION 19% CO	NOTION FOR	WHICH OPERATION	20A-AUTOPSY? (Yes o		FINDINGS CONSIDER AUSES OF DEATH?	ED
OR CONTRIE	ENT WAS UNDERLYING BUTING CAUSE OF fy medical examines	21 B horr etc.	PLACE OF INJURY (e.g., in e., form, foctory, street, of	n or about 21 C. WHERE DI	D (If in Boltime	pre City, give exact lacat	lion)
21D. TIME OF INJURY	(Month) (Doyl (Year) (Hour) 21 E	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?		
(APPROX.)		Wh	ile At Not White				
22. 1 certif	y that (1) this hospite	l) attended t	he deceased from	7.7-1	19 7 L to	222	1972
) lost saw the deceas		727	19 97 and	that In(my) (our) ap	Inlon death accurre	d on the date
ond hour as	nd from the causes st	ated above. (1) (We) (did) (did not) v				
23A. SIGNAT						238 DATE SIGNED	
	Much		DEGREE Phys	nding Med.	Staff Phys.	J.27.M	12.
23C. PHYSICI NAME				23D. ADDRESS	D		
24A. BURIAL CR	P.E. WALST	124C. N/	DEGREE AME of CEMETERY OF CRE	222 St.	FAUL.	City, town, or county!	(Statel
Buria	(Specify)			orial Park	Glen Burnie	An	
SA. DATE REC'	D BY HEALTH DEPT.	258 NAME C	OF REGISTRAR	25C. FUNERAL DIREC	TOR NBULLON	ADDRES	M d .
JUL 28	1972 Thick	sy frite	- Kost -	Singleton A	Juneral Home	. Glen Burr	nie. Md.
/\$ 150-REV. 1/1	768	1 2 1	817	0006			



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the

	B-652 72 070	24.1	HEALTH DEPARTMENT	X REG. NO. 77	07086 MARYLAND-DHMB			
	1. NAME OF DECEASED (Type of Print) BREWING TON OF	noRRis L.		D HOUR OF DEATH 7-23-72	19-50 0			
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PL			e deceased lived. If institution	residence before admission)			
	FULL NAME OF HOSPITAL OR I ADDRESS OR LOCATION!	^ / -	C. CITY OR TOWN		5300 Y LIMITS?			
	Lutheran Hospital	mary land	E. STREET AND NUMBER	YES	No []			
6	46		1524 FORE	ST PACK AUG				
made.	male while wido	WED DIVORCED	175B 72 189A	87.	der 1 Yr. If Under 24 Hrs. Days Hours Min.			
ion is	10A. USUAL OCCUPATION (Give kind of work 10B, KINdopp during most of working life, even at relined)	ty of Salsbury	11. BIRTHPLACE (Stole or foreign	gn countryl 12, C	THE OF WHAT COUNTRY?			
disposition	13. FATHER'S NAME	2 / 1	14. MOTHER'S MAIDEN NAM	AFN A	U.S.A			
al dis	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or doles of ser	VICE) 16. SOCIAL SECURITY NO.	17. INFORMANT	n Willia	ADDRESS			
final	No -	214-32-0581	VIRGINIA B.	Messick 5,	ane As)			
o p	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH		151	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
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qme	injury or complication which caused death.) ANTECEDENT CAUSES	E						
are	DISEASES OR CONDITIONS, if any, giving ise to the abave cause (A) stating the							
ins	UNDERLYING CONDITION last. (C)							
the remains	O OTHER SIGNIFICANT CONDITIONS CONTRIBUT I TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).	ING NAL	**********************************	-				
e the	19A-DATE OF OPERATION 19B CONDITION WAS PERFORMED		20A AUTOPSY? (Yes or No)	208. IF YES, WERE FINDING IN CERTIFYING CAUSES O	SS CONSIDERED F DEATH?			
before	O 21A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, officerc.)	or obout 21 C. WHERE DID	(if in Boltimore City, s	alve exoct locotion)			
obtained	OP INJURY (APPROX.)	21E INJURY OCCURRED While At Not While Work	21F. HOW DID INJU	RY OCCUR?				
opt	22. I certify that (I) (this hospital) attend	led the deceased fram			23 - 1972			
t be	that (I) (we) last saw the deceased alive and have and from the causes stated above	on 7-23	19_7_2and tha	t in (my) (aur) apinian de	eath occurred on the date			
mus	23A. SIGNATURE				ATE SIGNED			
vai	23C. PHYSICIAN'S NAME (Type)	DEGREE Phys.	ding Med. Sirector S	hys.				
approval must	JAUSED H. SIDDI		Lutheran H	ospital of	norfland			
	REMOVAL (Specify)	IC. NAME of CEMETERY OF CREA	MATORY 24D. LO	1011.1	or county! (State)			
E I		AAE OF REGISTRAR	25C, FUNERAL DIRECTOR	had fourt	ADDRESS DE			
	VS 150-REV. 1/1/68	200	July Jak	1- Mounds	aciency mg.			



61-3	3-20	dir
DOA		200

BALTIMORE CITY HEALTH DEPARTMENT 72 07087 CERTIFICATE OF DEATH

REG. NO.	72	0708
Com a most	OF WAR	VI AND DI

-20 dijr							BALTIA
TOTAL	2	-163 TH NO.		1	72	0708	7 CER
of death of death Decease of on the	1. N	AME OF DEC	ASED	MARG	ADE T	L.,	
f d on h.				,		~	UBERTU
hospital ise of c (5) Dece lance or death.	3, 1	PLACE IN BALT	IMORE A	MARTLAN	D, WHE	RE PRONO	UNCED DEAD
de de	FU	SPITAL OR	(IF N	OT IN HORESS OR	SPITAL	OR INSTIT	UTION, GIVE
a hos cause se; (5) andan to de	INS	4940 Ea	stern	Aven	ue Ba	altimo	re, Mar
e 3 I . I	31	Baltimp	re Ci	ty Ho	spita	als	2122
0 = D _ G 0	9	7	٠				
d d d	5. 5	EX	6. RACE			MARRIED	NEVER MA
occurred ontributin ermined regular eased pri is made.		Remale	Cauc	asian	V	VIDOWED	DIVO
con con eterin		USUAL OCCU				KIND OF	BUSINESS OF
	- COIN	Char	Lade	1/	,		
deat Und Vas ir o de ositio	13.	FATHER'S NAM			4		
direct f, (4) L th wa on the dispos	,	Pridol ph	Ha	mu	to	r	
n 0 n 0 - 1	15.	Rindolph Was Deceased Lino or unknown)	Ever la U.	S Anne	d forces	7	1 6. SOCIAL SECURITY
ssist the the dec		20-	/ 0.2, 9	10 1101 01			ardonii.
Also, if the of any kir		18.	(5)	17			CAUSE
his of a of a			E OR CO			TLY	
er. Also, inture of an pronounce lar attend		(This does n	LEADING			ing, e.g.,	(A) DMA
In to one		heart failure,	asthenia,	etc. It m	eans the	disease,	, bri
ner. actu pro ular mba		injury or com	NTECED			CHO	
examiner. 3 A fractul who pro regular are emba		DISEASES O		4:44		, giving	(B)
		rise to the	above	cause	(A) si	ofing the	
B - B E		UNDERLYING	CONDI	**	£ .		(c)
medical medical burns; physician ian was	Z	OTHER SIGNIF	CANTCO	NDMONS	CONT	RIBUTING	
me me phy phy an an	ATIC	TO THE DEAT	H BUT NO	GIVEN I	TO THE	ERMINAL (A).	-
by a m (s) Body e the pohysicia	ERTIFICATION	19A-DATE OF	OPERATIO	N 1191	CONDIT	ION FOR	WHICH OPERA
by Bo	ERT	2)A ACCIDE	T WAS I				PLACE OF IN
	C	21 A. ACCIDEN OR CONTRIBU DEATH (nosily	TING	AUSE O	MOLI		e, farm, factor
by the pital I where (2 where) No p	EDICAL	21D. TIME	(Month)		Years) (INJURY OC
D 0 # 40 E	ME	OF INJURY	troman	(50),	1000	W	ile At
0 - 1 0 2 4			440.4		4. 13	We	
0+ 5000		22. I certify					
55255		that (l) (we)					
dent of death must b		23A. SIGNATU		causes	stoted	opove (i) (We) (did)
SOODE			Rel	ex	Jan	enle	(1)A110
relaceing a h		23C. PHYSICIA	N'S		0 0	7	0000
y was rey y was re 1) An acc).A. at a d prior t approva		NAME (T		Tana	oh D-	we en	M D
A D d p	24/		eter	Jose		rsen,	M.D.
body ws: (1 s D.O.	1	REMOVAL	Specify)	7-2	9-7	0 0	ak x
his cert he body hows: (vas D.O decease	25	A. DATE REC'D	BY HEAL	TH DENT	, 25	B. NAME	OF REGISTRAR
This the showas decountry writer		JUL 28	1972	TO	relie	ylow	with

DIKITI 149.		
1. NAME OF DECEASED (Type or Print)	MARGARET L. LUBERTINE	

ATE	AND	HOUR	OF	DEAT	H
	.Tu	ly	26	1 19	972

ī		2. DA1	E AND	HOUR O	F DEAT	Н				
			Ju	11y/26	4 19	72	9:1	4	A.	N
4	USUAL	RESIDENCE	1Where	deceased	lived. If	institutions	residence	before	admissi	on)

i	FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPITAL OR INSTITUTION, ADDRESS OR LOCATION)	GIVE	STREET
н	INCUTITION			

Maryland C. CITY OR TOWN

A. STATE

D. INSIDE CITY LIMITS'

4940 Eastern Avenue Baltimore, Maryland Baltimpre City Hospitals 21224

Baltimore E. STREET AND NUMBER 1209 South Clinton Streer

YES & NO

21224

7- MARRIED NEVER MARRIED DIVORCED

& DATE OF BIRTH 11-27,1893 9. AGE (In years lost birthday)

If Under 1 Yr. Il Under 24 Hrs. Months! Doys Hours Min.

IOA, USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) lone during most of working life, even if refired) Charlade

Maryland

14. MOTHER'S MAIDEN NAME

12. CITIZEN OF WHAT COUNTRY? U.S.A.

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

6. SOCIAL SECURITY NO.

CAUSE OF DEATH

Elizabeth 17. INFORMANT

4940 Eastern Avenueress

TRRES"

Baltimore, Maryland 21224 BCH: RECORDS

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

ANTECEDENT CAUSES

Episodes

CORDIDRESPIO ATORL

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

10			
10/	-	-	

TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A DATE OF OPERATION 19A CONDITION FOR WHICH OPERATION WAS PERFORMED

20% IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A AUTOPSY2 (Yes or No) Yes

218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR?

(II in Boltimore City, give exoct location)

21 E INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

White At Work

Not While

22. I certify that (1) (this hospital) attended the deceased from 7-26 that (I) (we) tast sow the deceased olive on.

7-26 DOA 19 72 to 19_ and that in (my) (our) opinion deoth occurred on the dote

and hour and from the causes stated above. (i) (We) (did) (did not) view the body after death.

23A. SIGNATURE

Attending Phys.

DEGREE

Director __

23 Ballimore City Hospitals

238 DATE SIGNED

4940 Eastern Avenue Baltimore, Maryland 21224

(City, town, or county) (State)

24C. NAME OF CEMETERY OF CREMATORY

24D. LOCATION

VS 150-REV. 1/1/68

25C. FUNERAL DIRECTOR

IMPORTANT DIRECTOR: FUNERA

EXAMINER

MEDICAL

BY

RELEASED

Millian II Software Fall William St.

V-52A		70885T		CEDILL	-0.05	DEAT		72	67088	3
BRITH NO	WED	ICAL E	KAMINER'S	CEKTIFI	CATE OF	DEAT	REG. N	10	01000	
1. NAME OF DEC	THOMAS THOMAS	YOUNG		2. DATE OF	Known Estimoted	Month	Doy	Yeor	Hour	
4. PLACE IN BAL	TIMORE, MARYLAND, V		OUNCED DEAD	3. DATE		Month	Doy	Year	Hour .	М.
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	L OR INSTITUTION)	ON, GIVE STREET		UNCED DEAD	7	23	1972	9:40a	M.
	302 Holbrook	Ave.		A. STATE	Md.	e deceosed I	B. COUNT		909)n)
6. SEX	7. RACE	8. MARRIED	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE	CITY LIMITS?		
male	white	WIDOWED	DIVORCED [Balto.			YES X	NO 🗌	
9. DATE OF BIRTI	lost birthdo		nder 1 Yr. If Under 24 Hrs. hs. Doys , Hours , Min.		AND NUMBER 2 Holbrook	Ave.				
11. BIRTHPLACE	tote or foreign country)	12. 0	ITIZEN OF	13. FATHER						
BALTE	so, Md.	V	VHAT COUNTRY?	HE	NRU S	YAUNA	2			
done during most of	PATION (Give kind of work orking life, even if retired)	14B. KIND OF	BUSINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN NA	WE				
Non	/F	NON	E	AN	NIE M. I	FLAN	ABAN			
16. WAS DECEAS	ED EVER IN U.S. ARMED	FORCES?	17. SOCIAL SECURITY NO.	18. INFOR	TAAM			ADDRESS		
NO			NONE	MRWI	CLIAM	YOUNG	56	04 An	TRONV	AUE
19. Luft	2.94		CAUSE OF DEA	ATH				BETV	PPROXIMATE WITE	RVÅL DEATH
DISEAS	E OR CONDITION DIRE	CTLY	Arterioscl	erotic	cardiovaso	cular	diseas	e		
1 .	LEADING TO DEATH		(A)IMMEDIATE							
heart foilure	ot meon the mode of dy , osthenio, etc. II meons the	diseose,	DUE TO, OR	AS A CONSEC	DUENCE OF:					
Intury or con	nplication which coused de	oth.)								
	NTECEDENT CAUSES		(8)							
RISE TO THE	OR CONDITIONS, IF ANY E ABOVE CAUSE (A) STA	, GIVING IING THE	DUE TO, OR	AS A CONSE	QUENCE OF:					
Z UNDERLYIN	NG CONDITION LAST.		(c)							
12	II									
I O THE DEA	IFICANT CONDITIONS COATH BUT NOT RELATED TO CONDITION GIVEN IN PA	THE TERMINAL	/arn cross o cr s c c c c c							
20A. DATE OF	OPERATION 208. CO	NDITION FOR	WHICH OPERATION W	AS PERFORA	MED	11		21. AUTC	PSY? (Yes or I	No)
00								no		
UNDERLYING	NAL CAUSE WAS OR CONTRIB- USE OF DEATH.	228. home	PLACE OF INJURY (e.g., form, foctory, street, offi	, in or obout ce bldg., etc.)	22C. WHERE DID ON NURY OCCUR?	(If in Boltimo	ore City, give	exoct locotion)		
∑ 22D. TIME	(Month) (Doy) (Year) (Hour) 2	ZE. INJURY OCCURRED	1	2F. HOW DID IN	JURY OCC	UR?			
OF INJURY (APPROX.)				T WHILE						
23.		m. V	ORK L AT	WORK						_
I cert	ify that I held an I	nquiry 🔲	Inspection X A	utap sy	and that an tl	his basis,	death In i	my apinian		
resul	ted fram: Natural cau	ses X A	ccident D Suici	de H	omicide 🔲	Undeterm	ined manne	er 🔲		
					CHIEF MEDICAL	XAMINER			DATE CICALE	
ACTUAL	IPE Mary	w of	Platt M.	ASS	STANT MEDICAL	XAMINER	X		DATE SIGNE	U
EXAMIN					CIATE MEDICAL	XAMINER				
NAME (1		S. Plat							-24-72	
24A. BURIAL CREI	MATION, 24B. DATE	24	C. NAME of CEMETERY	ar CREMATO	24D.	LOCATION	(City, 1	lown, or county) (Stote)	1
BURIAL	7-27	-72 /	MOST HOLYI	KEDEE	MER	7	34470	Ma	'	
25A. DATE REC'D	BY HEALTH DEPT.	258. NAME	OF REGISTRAR		FUNERAL DIRECT	OR		ADDRESS	FEE	
1111 281	972 Didn	ylink	non		Thatter	Lond	Blie :	5444)	BELAIR	Pd
VŠ 151-REV. 1/1/68	3	17	town to the state of the state	6	0 0 5					

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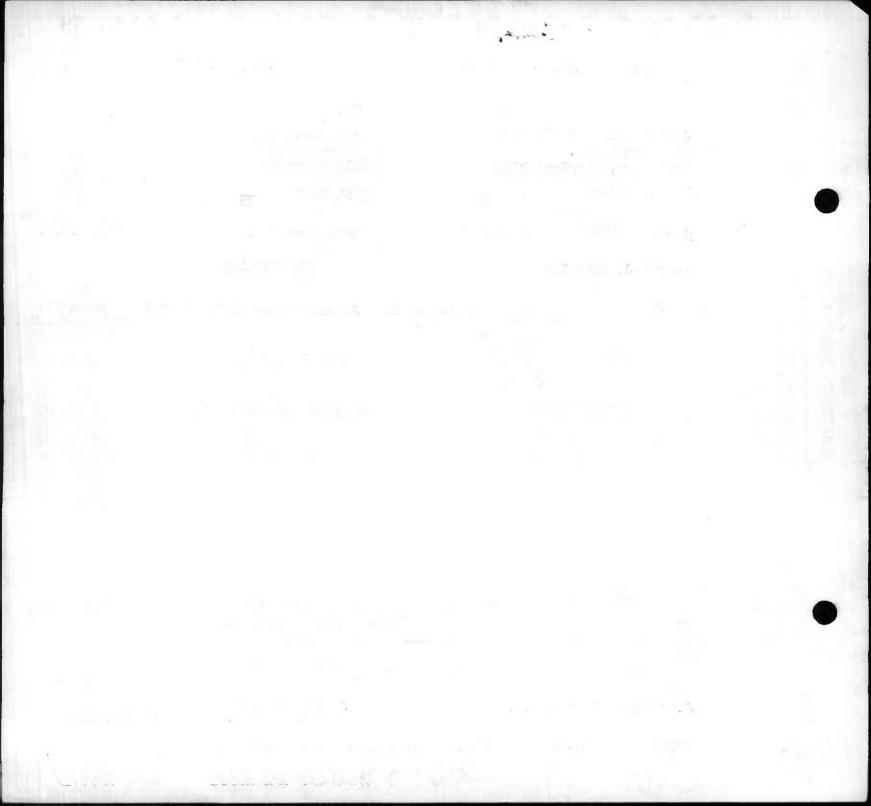
MARINE PLANSING ME INC.

pureul/ turechs of the clicke, adoption.

THE RESIDENCE OF THE PROPERTY OF THE PROPERTY

attitude and the state of the s	Into certificate most be approved by the chief medical examiner of his assistant it death occurred in a hospital and	y was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.	
This cometa	Inis cerum	the body v	shows: (1)	was D.O.A	deceased	written ap	

1	-12	HEALTH DEPARTMENT REG. NO.	2 07089
1.	NAME OF DECEASED	2. DATE AND HOUR OF BEATH	RYLAND-DHAT
	Katherine Josephine Gordon	July 24, 1972	7:40A M.
	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institut	ion: residence before admission)
EEE	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOGATION)	Md. C. CITY OR TOWN D. INSIDE C	TO /
	Jenkins Memoriāl Hospital		NO 🗌
17	/ 1000 Caton Ave.	E. STREET AND NUMBER	
	Baltimore, Maryland 21229	3810 Ednor Road	
	Female 6. RACE White 7. MARRIED NEVER MARRIED WIDOWED NOT DIVORCED	9/21/1897 last birthday) Mo	Under 1 Yr. II Under 24 Hrs. nihs Doys Hours Min.
do	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY during most of working life, even if relired) Newspaper		Yes U.S.A.
1	OLEIK	Baltimore, Md.	Tes O.D.W.
13.	Martin J. Donnelly	14. MOTHER'S MAIDEN NAME Ella McNally	
15. (Yo	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor ar dotes of service) SECURITY NO.	17. INFORMANT	ADDRESS
L	Unknown 220-24-9013		1000 Caton Ale
	ANTECEDENT CAUSE DISEASES OR CONDITIONS, Javing	1/ + Prostration	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 24 1/5 7 do 7 5.
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED OF DETERMINAL DISEASE OR CONDITION GIVEN IN J. (A).		
CERTIFICATION	19A-DATE OF OPERATION 19E-CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDI	NGS CONSIDERED OF DEATH?
CAL	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i home, form, factory, street, of otc.) DEATH (notify medical examines) 21B. PLACE OF INJURY (e.g., i home, form, factory, street, of otc.) Nursing Home	n or obout 21C. WHERE DID (If In Boltimore City lice bidg., INJURY OCCUR?	Ednor Rd
EDI	OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
2	(APPROX.) July 24, 1972 - While At Work At Work		during heat wave
	22. I certify that (I) (this hospital) attended the deceased fram	2/3_1970_10	7/29 19 72
	that (+) (we) last sow the deceased alive on	19and that in (my) (our) apinian	death accurred an the date
	and hour and from the causes stated above. (1) (We) (did) (did not) v		
	23A. SIGNATURE	23 B.	DATE SIGNED
	I laywoud bladue DEGREE Phys	Med. Staff Phys.	7/29/72
		33D. ADDRESS	(11/1/19
	J. Raymond Gladue, M.D.	Jenkins Memorial Hospital	
24/	BURIAL CREMATION, 248, DATE 24C, NAME of CEMETERY OF CRE	1000 Caton Ave. Baltimore	
	REMOVAL (Specity)		
254	Burial 7/27/72 Baltimore Nation Date REC'D BY HEALTH DEET. 25B. NAME OF REGISTRAR	nal Cemetery Frederick Rd Bal	
	III 28 1972 Lidry larroston	25C. FUNERAL DIRECTOR MARKELL-Wiedeleld 6	Sto York Rd
VS	150-REV. 1/1/68	i i	/



GETTYSBURG

258, NAME OF REGISTRAL

NAT.

25C. FUNERAL DIRECTOR

MITCHELL-WIEDEFELD-HOME 6500

REMOVAL (Specify)
BURIAL

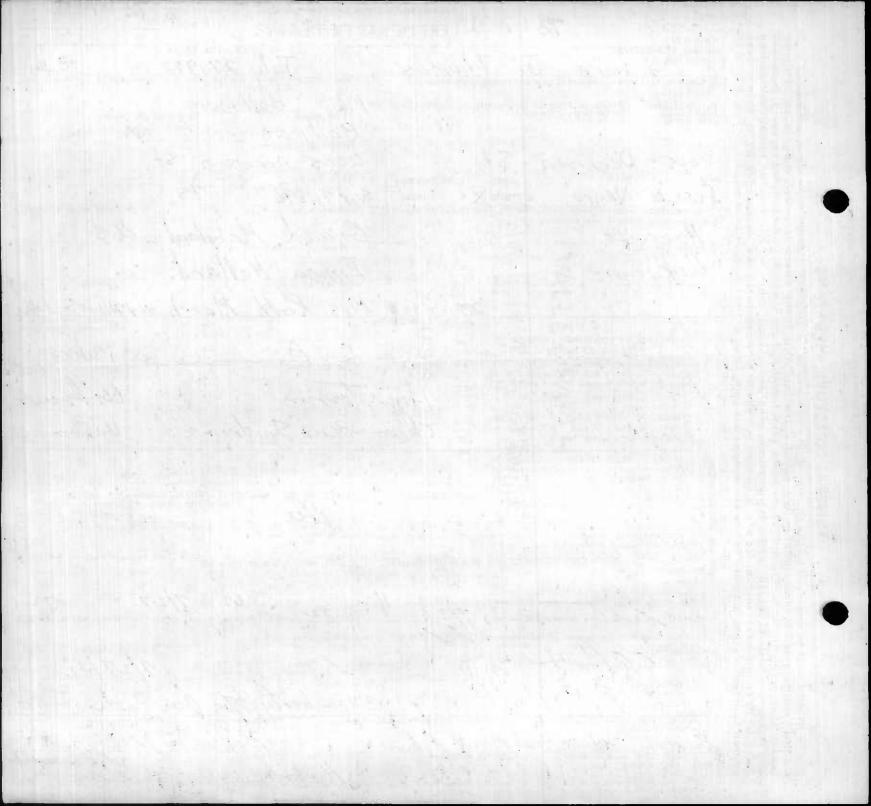
VS 151-REV. 1/1/68

25A. DATE REC'D BY HEALTH DEPT.

. 17 \ AR = 610 1000 c:123 DATE OF THE PARTY AND THE PARTY. the safe and the control of the safe and the safe and Constitution of the second contract the second of the seco country rapidles others care electrons. Manual Services 14.15。20年1年中共1

was D.O.A. at a haspital (except where the physician who pronounced death was in regular attendance on the deceased prior ta death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the bady was released to the hospital by a medical examiner. Also, if the direct ar contributing cause of death shows: (1) An accident af any nature; (2) Bady burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death accurred in a hospital and

		HEALTH DEPARTMENT		2 07091:
7-500 72 6	7091 CERTIFICA	TE OF DEATH	REG. NO.	דונודות תעו דענתון
I NAME OF DECEASED	1		ND HOUR OF DEATH	ARYMAND - DAME
(Type or Print)	Thomas	T.	271947	3'm
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (Wh. A. STATE B. COU	re deceased lived. If institution	on: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR	INSTITUTION, GIVE STREET	MI R	Himore	1506
HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE CI	TY LIMITS?
		Baltimore	YES	No 🗆
	-1	E. STREET AND NUMBER	-1	
2006 Vennison	84.	2008 Del	nnison st	
S. SEX 6. RACE 7. MA		8. DATE OF BIRTH	9. AGE (In years lost birthdoy) 75	Inder 1 Yr. If Under 24 Hrs. ths Doys Hours Min.
,	DIVORCED DIVORCED DIVORCED	11. BIRTHPLACE (State or for		CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	MD OL BOSHIESS OK HEDOSEK	0	ergin coomity)	
Housewife		Granite,	Maryland	4.5.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME /	
Unknown		Emma 1	Holland	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give war or dates of se	1 6. SOCIAL	17. INFORMANT	1	ADDRESS N.
(res, no or or miniowit) it yes, give wor or dotes or se	security No.	Mr. P.	1 M1 11	WALLES BILL
18.	CAUSE OF DEAT	H 1131 / U7/	1 (418) 70	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		A		BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAL	ISE CIA		17hns.
(This does not maan the mode of dying, heart lailure, asthenia, etc. It means the di	e.g., DUF TO OR AS	A CONSEQUENCE OF:		
injury ar camplication which caused death.		4		1.1
ANTECEDENT CAUSES	(B) /type	Monron		appour
DISEASES OR CONDITIONS, if any,		A CONSEQUENCE OF:	/	4 6
rise to the above cause (A) stating UNDERLYING CONDITION last.	g the (c) Chron	in Brain Syr	droine	Unknown
11	(0)			
OTHER SIGNIFICANT CONDITIONS CONTRIBU	ITING			
TO THE DEATH BUT NOT RELATED TO THE TERM TO ISEASE OR CONDITION GIVEN IN PART 1 (A).	AINAL			
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N		NGS CONSIDERED
19A. DATE OF OPERATION WAS PERFORME		No	IN CERTIFYING CAUSES	OF DEATH!
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i	fice bldg., INJURY OCCUR?	(If in Boltimare City	, give exact location)
DEATH (notify medical examiner)	etc.)			
21 D. TIME (Month) (Day) (Year) (Hou	21E. INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
(APPROX.)	While At At Work	e 🔲		
22. I certify that (I) (this hospital) atter		12	1969 to 7/27	1972,
that (1) (we) last saw the deceased aliv	4/1/	1072		death accurred an the date
	1//			death accorred an the date
and haur and fram the causes stated abo	ave. (1) (We) (dia) (dld nat) v	riew the bady after death.		DAJE SIGNED
23A. SIGNATURE	74 D Atte	ending Med.	Staff 7	Lands-
OWIOG,	M. DEGREE Phy	s. Director	Phys. L	12/12
23C. PHYSICIAN'S NAME (Type)	1.4 m. 2	23D. ADDRESS	1/2 0	2/3/5/
6.6.00	U M DEGREE	3/19 Liber/4	17945. au. 1	soltimore, Md.
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CR	EMATORY 240.	LOGATION (City, to	wn, or county) (Stote)
Burral August1772	Mount Auburn		Baltimare	Maryland
	AME OF REGISTRAR	25C. FUNERAL DIRECTO	OR I TOTAL OF THE	RODRESS No the
JUL 28 1979 Didwents	motora o	" Herhad	Polletter F.H.	Baltimare M.
VS 150-REV. 1/1/68		D'U U'U		100000000000000000000000000000000000000



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

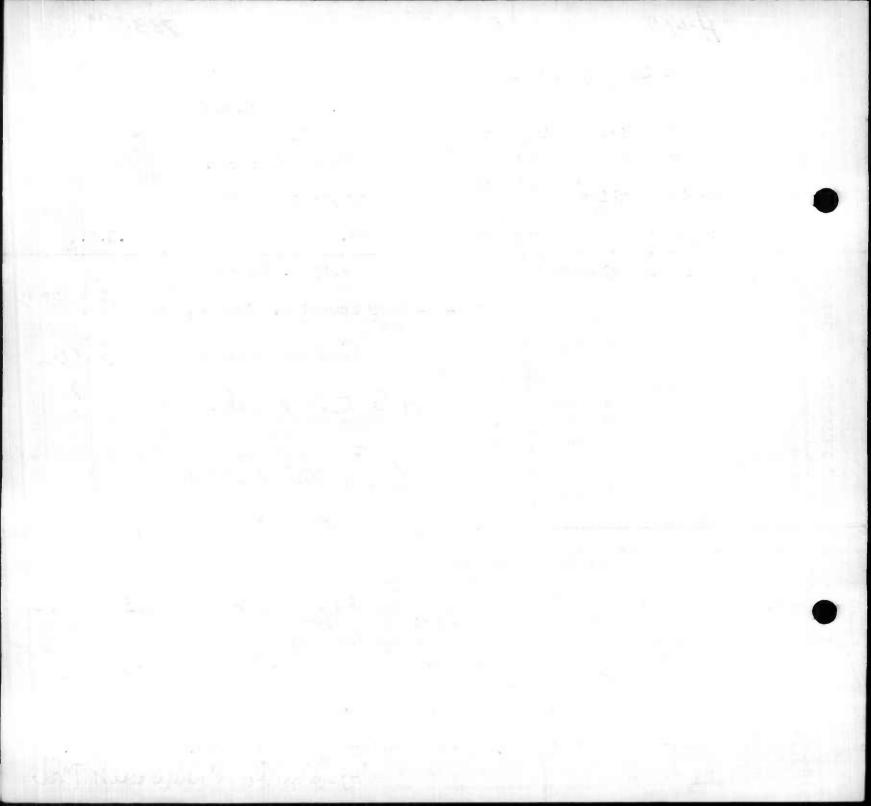
	262		BALTIMORE CITY	HEALTH DEPARTMENT		20 02004				
DIDTH N	7.	2 07092	CERTIFICA	TE OF DEATH	REG. NO	72 07092				
	OF DECEASED	0-			AND HOUR OF DEATH	OF MARYLAND-DHMH				
(Type or I	HNNA	+ STEV	NART	50	1424.19	7721				
3. PLACE	IN BALTIMORE, MARYLAND,	WHERE PRONOUNC	ED DEAD	4. USUAL RESIDENCE IV	Where deceased lived, If in	nstitution: residence before admission)				
FULL NA	L OR (IF NOT IN HOSE ADDRESS OR LO	ITAL OR INSTITUTIO	N. GIVE STREET	ma.		1204				
HOSPITA		1		C.CITY OR TOWN		IDE CITY LIMITS?				
00	1906 BARCE	AY ST		E. STREET AND NUMBER		YES NO				
		1		1906 Baro	lay St.					
S. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.				
rema	AL OCCUPATION (Give kind of we	WIDOWED WILLIAM	DIVORCED	2-10-15	57					
	g most of working life, even it retired		INESS OF INDUSTRI	11. BIRTHPLACE (Stole or	foreign country)	12. CITIZEN OF WHAT COUNTRY?				
13. FATHE	R'S NAME			NOTTH CA	rolina					
.				Us H.	11					
15. Was D	Deceased Ever in U. S. Armed F unknown) lif yes, give wor or do	orces? 16.	SOCIAL	17. INFORMANT	Harri	ADDRESS				
M	Outriowin at yes, give wor or ac	ies of services	SECURITY NO.	lamas	C. Stewart	+ 1901 Royalast				
18.	42,41		CAUSE OF DEATH	Julies 1	c. Trewar	APPROXIMATE INTERVAL				
	DISEASE OR CONDITION E			no.	7	BETWEEN ONSET AND DEATH				
(This	does not mean the made	i dvina ea	(A) IMMEDIATE CAU	SE A CONSEQUENCE OF:	0	Joans				
heort	lailure, asthenia, etc. It mean ar complication which cause	s the disease.	DUE 10, OR AS A	CONSEQUENCE OF:		O .				
	ANTECEDENT CAUSE		fm3							
DISEA	ASES OR CONDITIONS, II	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	*****************************	**************				
UND	IO the above cause (A) ERLYING CONDITION lost.	sloting the	(c)							
Z	11		0.		L	/				
O OTHER	R SIGNIFICANT CONDITIONS CO	THE TERMINAL	Chro	ne Obsi	tructure Li	un desear yeur				
OTHER TO THE TO	SE OR CONDITION GIVEN IN PA	KT 1 (A). NDITION FOR WHIC RFORMED	H OPERATION	20A. AUTOPSY? (Yes or	No. 208, IF YES, WERE IN CERTIFYING CAL	FINDINGS CONSIDERED				
21 A. A										
OR CO	ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF H (notify medical examinet)	home, for	CE OF INJURY (e.g., in rm, foctory, street, off	or about 21 C. WHERE DID	(If In Baltimore	e City, give exoct facation)				
		100	JRY OCCURRED	21F. HOW DID I	NILLEN A COLUMN					
OF IN	JURY	While At	Not While		MICK! OCCUR!					
22, 1	certify that (1) (this hospita	Work	At Work	<u> </u>	19 66 10	July 10 72				
11	1) (we) last sow the decreas		a) June	19 72 and		17				
11	that (1) (we) last sow the deceased alive on 10 10 10 and that in (my) (our) opinion deots occurred on the dots and hour and from the causes stated above. (1) (We) (did not) view the bady after death.									
23A. SIGNATURE 23B. DATE SIGNED										
1 6	Sulden 1 to	leque	DEGREE Phys.	ding Med. Director	Staff Phys.					
23C.PI	HYSICIAN'S IAME (Type)			3D. ADDRESS	# 5-1 -13	11 101				
24A, BURI	AL CREMATION, 248, DATE	V INC. NAME	DEGREE	848 W. 36		1to. Ma.				
Q. REMO	AL CREMATION, 24B. DATE OVAL (Specify) 7-30-		of CEMETERY or CRE	MATORY 24D.		y, town, or county) (Stote)				
25A. DATE	REC'D BY HEALTH DEPT	258. NAME OF RE	GISTRAR	25C. FUNERAL DIRECTO	- 111110	th Carelina				
JUL	28 1972 Bridge	Monton	000	Wm. C. m	arch 1978 F	north A Balto,				
VS 150-RE	V. 1/1/68	4		Deriver William	Just Ing F	in silling				

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

1 100 0000	BALTIMORE CITY	HEALTH DEPARTMENT	1	2 07093
N-620 72 07093	CERTIFICA	TE OF DEATH	REG. NO.	
BIRTH NO. NAME OF DECEASED	0011111107	2. DATE AND HO	III COM THE OF 1	MARYLAND-DHMI
(Type or Print) Norris, Alber	t.C.	July 2	5,19722	35m M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON	OUNCED DEAD	A. STATE B. COUNTY	ased lived. If institution:	residence befare admission)
FULL NAME OF IF NOT IN HOSPITAL OR INST HOSPITAL OR ADDRESS OR LOCATION)	TUTION. GIVE STREET	163 Daylor	Hoell John	land, Saltimor
HOSPITAL OR ADDRESS OR LOCATION)	.1	C. CITY OR TOWN	D. INSIDE CITY	LIMITS?
Johns Hopkins Hospita		Baltimore	YES 🗓	NO
33		E. STREET AND NUMBER	Avenue	805
S. SEX MARRIE Negro WIDOWE		5-6-2	E (In years II Und Anthony) Months	for 1 % II Under 24 Hrs. B Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of work TOB. KIND		11. BIRTHPLACE (State or foreign cou	intry) 12. Cl1	TIZEN OF WHAT COUNTRY?
done during most of working life, even if refired)		Alcheme		
Laboppr 13. FATHER'S NAME		Alabama 14. MOTHER'S MAIDEN NAME		
Plez Morris 5. Was Decessed Ever in U. S. Armed Forces?	114 40014	Annie Boyd		ADDRESS
Yes, no or unknown! ill yes, give war or dates at service				
No	408-22-791	6 Margaret Neal	1674 Darle	y Ave.
18. 197.01	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY			. 0.	
LEADING TO DEATH	(A) IMMEDIATE CAL		LAR COLLAPS	is Imini
(This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the diseas		A CONSEQUENCE OF:		
Injury or complication which caused death.)	De 12			0
ANTECEDENT CAUSES	(B) 2 Me	eta Static Lung Ci	ar amona	8 mo.
DISEASES OR CONDITIONS, If any, givin		A CONSEQUENCE OF:	•	
rise to the above cause (A) stating to UNDERLYING CONDITION last.	(c)			
	(0/			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	3			
TO THE DEATH BUT NOT RELATED TO THE TERMINA I DISEASE OR CONDITION GIVEN IN PART 1 (A).	I PAGE			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19R CONDITION FOR WAS PERFORMED U 21A. ACCIDENT WAS UNDERLYING 1	WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B.	IF YES, WERE FINDING CERTIFYING CAUSES OF	CONSIDERED DEATH?
OR CONTRIBUTINO CAUSE OF	18 PLACE OF INJURY 10-9-	in or obout 21 C. WHERE DID	(If In Baltimere City, g	ive exact lacation)
▼ IDEATH (notify medical examined) • • • • • • • • •	ome, form, factory, street, o tc.)	nice bidg, INJURY OCCUR!		
	1E INJURY OCCURRED	21F. HOW DID INJURY O	CCUP	
\$ or 1110011	While At Not While			
	Nork At Work			
22. I certify that (1) (this hospital) attended	~ ""	nely 9 19 75	2 to July 25	19.73
that (I) (we) last sow the deceased alive or	235 pm July	and that In (my) (our) opinion de	eath occurred on the date
and hour and from the causes stated obove	(I) (We) (dld) (dld not)	view the body after death.		
23A. SIGNATURE	0.0		23B, P/	ATE SIGNED
Mary & Challson	(Oh.	anding Med. Staff	X //:	25/72
23C.PHYSICIAN'S	DEGREE	23D. ADDRESS		
NAME (Type)	1.0	1 12 12	ay Baltim	love Ind
70.0	NAME OF CEMETERY OF CR			at county) (State)
			11.31.3	
Burial 7-30-72	E OF REGISTRAR	125C. FUNERAL DIRECTOR	vette, Alab	ADDRESS
	Mordon	Wm C March 92	OR F Nonth	
VS 150-REV. 1/1/68	C CANADA	Par Day ar	O E MOLEU	AVO.
Y3 130-DEY. 1/1/00	,	W 100		

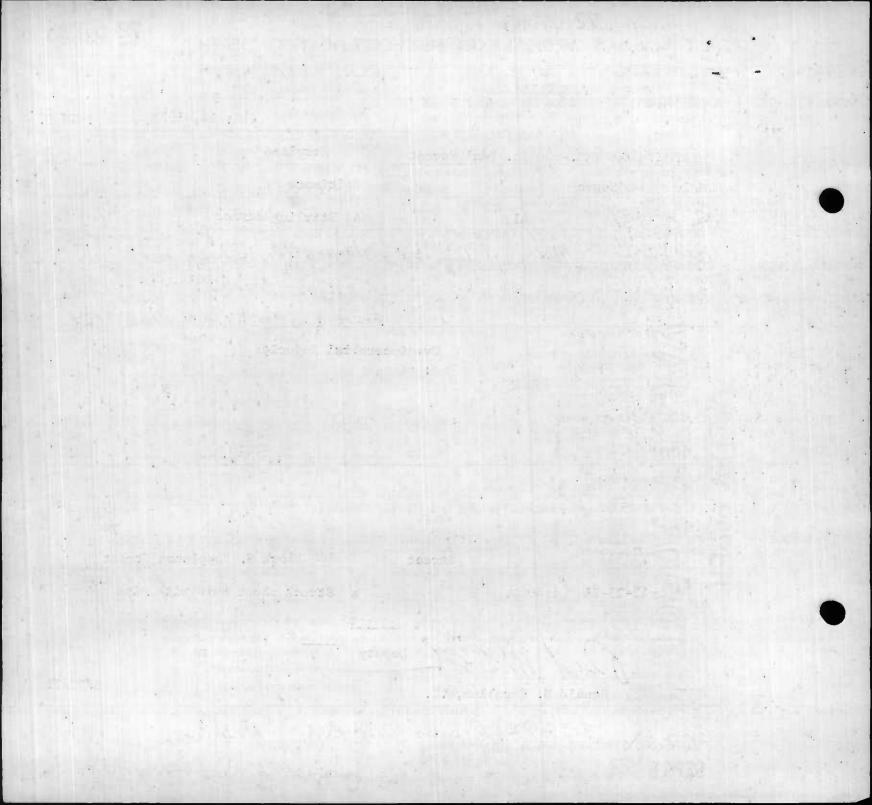


	1-412 721		TY HEALTH DEPARTMENT	2 07094
1	TH NO.	CERTIFIC	ATE OF DEATH REG. No.	OR MARYLAND-DHMH
	Pe or Printl	*	2. DATE AND HOUR OF DEATH	1/23/22
3.	PLACE IN BALTIMORE MANUAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If in	//
		THERE TROMOGRAD DEAD	A. STATE B. COUNTY	nstitution; residence before admission)
II H	DISPITAL OR ADDRESS OF LOCA	AL OR INSTITUTION, GIVE STREET	Md. Frederick	6011
l I	Harbor View Nursi	ing Home	Frederick	YES X NO
15	04.V. ACC-12		E. STREET AND NUMBER	153 24 140
		1200 All Achier	917 Pontiac Ave.	
	SEX 6. RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeors lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
11	emale white	WIDOWED DIVORCED	1 3/7/1893 79	
dor	LUSUAL OCCUPATION (Give kind of work to during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State of foreign country)	12. CITIZEN OF WHAT COUNTRY?
	nousewife	own home	Md.	U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	Eugene A Alexande		Mary E. Tracey	
15. (Ye	Was Deceased Ever In U. S. Armed Fores, no or unknown) (If yes, give wor or dote:	ces? 1 6. SOCIAL so of service) SECURITY NO.	17. INFORMANT	17 Pontrac Ave
	no		7B Howard M. Albaugh, I	Frederick, Md
	18.4 12 414 2	CAUSE OF DEA		APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIR	RECTLY	C. I. G.	C 11
	(This does not meen the mode of	dying e.g. (A) IMMEDIATE C	AUSE CONTACT	Judden
	heart failure, asthenio, etc. It means injury at complication which coused	the disease.	S A CONSEQUENCE OF:	
	ANTECEDENT CAUSES	A	SC / Dage	84
	DISEASES OR CONDITIONS, If	ony, giving DUE TO, OR	AS A CONSEQUENCE OF:	
	ise to the obave couse (A) UNDERLYING CONDITION last	sloling the		
	THE STATE OF THE S	(C)		***************************************
NO	OTHER SIGNIFICANT CONDITIONS CON	NTRIBUTING	0 0 4 00 1	T
ATION	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	T 1 (A).	swells mellion	
FI	19A-DATE OF OPERATION 198 CONT	DITION FOR WHICH OPERATION	20 A. AUTOPSYZ (Yes or No.) 20 B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CERTIFIC	21A ACCIDENT WAS UNDERLYING	218 PLACE OF INTERVIOR	100	
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	home, farm, foctory, street,	office bldg. INJURY OCCUR?	e City, give exect location)
20	21 D. TIME (Month) (Doy) (Yearl	(Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
MEDI	OF INJURY (APPROX)	While At Not W	nile 🗂	
		Work L At Wor	k 🗀 /	7/3
	22. I certify that (1) (this hospital)	/ V	19 10 to	1/23 1972
	that (I) (we) lost saw the decease			nion death accurred on the date
	ond have and from the couses state 23A. SIGNATURE	ed above. (I) (We) (dld) (dld not)	view the bady after death.	23B, DATE SIGNED
	4	1 Be DE A	Hending Med. Staff	1/8 to 12-
	23C. PHYSICIAN'S	DEGREE	Hending Med. Staff Phys. 23D. ADDRESS	11-4 /2
	NAME (Type)	ALUM MD	MIT le Cantife	75
24	BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF C		ty, town, or countyl (Stote)
1	Burial 7/26/5	72 Mt. Olivet Cer	etery Frederick,	Md.
25A	DATE REC'D BY HEALTH DEPTE	258. NAME OF RESISTAN	25C. FUNERAL DIRECTOR	ADDRESS
	M 28 1972 France		prill of list part	16 pomph 1/07.
VS	150-REV. 1/1/68			



72 07095

	RTH NO.		MILL	ICAL	. L/	MINITERS	PEK I II	CAIL	Oi	DLA	REG. N	١٥			
	NAME OF DEC	FASED					2. DATE	Known		Month	Doy	V.	ear H	our	
	ype or Print) JAMES BLACKWELL						OF	Estimo		MOIIII	Doy	16	idi iii	001	
4					OLAGO	HAICED DEAD	3. DATE	Estimo	ted [- M - 4	0	v			М.
	PLACE IN BALT					ON, GIVE STREET		UNCED DE	EAD	Month	24, ^{Doy}		9.60	our.	2
HO	SPITAL	ADDRE	SS OR LOCA	TION)	IIIOIIC	ON, GIVE SIKEET				July	24, 19	12	1 2	2:40	P. M.
OR	INSTITUTION	O						RESIDENCE	-	deceosed	ived, if institution B. COUN'		ence befo	re odmis	sion)
	MTDTOWN	HOME TI	NC80	8 St.	Pa	ul Street	A. STATE	Maryl	and		B. COUN	11			
		7. RACE				NEVER MARRIED	C. CITY O	RTOWN			D. INSID	E CITY LIM	ITS?		
	Male	Neg	ro	WIDOV			Ba1	timore	2			ч=• □			
	DATE OF BIRTH		10.AGE (II			der 1 Yr, If Under 24 Hrs.		AND NUN				YES	NO	Ц_	
[lost birthday] [Months Doys Hours Min.					Stirli		troot		5	-0	1				
May 8, 1931 41						ing 5	LICCL								
11.	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF					/	R'S NAME	15	W /						
1	Ba Hem	17-19	Mo	1	**	HAT COUNTRY?	Val	neg i	4.	13/0	OCKW	011			
144	USUAL OCCU	ATION (Give	kind of work	14B. KINE	OF B	USINESS OR INDUSTRY	15. MOTH	ER'S MAIDE	EN NAM	ΛE					
aon	e during most of w	1		d	in .	. 4	12	long	1:	1000					
16.	WAS DECEASE	D EVER IN	U.S. ARMED	FORCE	5?	17. SOCIAL	18. INFOR	MANT		7 (- 2-	-	ADDRES	S		
(Ye	s, no or unknown)	(If yes, give w	vor or dotes	of service)	SECURITY NO.	Man	2	1.	,,	1. 11	1011	- 1.	N	
_	19.		-			CAUSE OF DEA	Mrs 14	10 (1) 101 B	1790	1110	y rue	Ellam		XIMATE IN	TERVAL
	7	S JX				CAUSE OF DEA								ONSET A	
	DISEASE	OR COND	ITION DIRE	CTLY		Cranio	erebra	il Inju	uries	3					
	1	EADING TO	DEATH			(A)IMMEDIATE C	AUSE								
	(This does no	ot meon the asthenio, etc.	mode of dy	ing, e.g.,			AS A CONSEQUENCE OF:								
		plicotion which													
	ANY CEPTAN CAUSES														
	ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR AS A CONSEQUENCE OF:														
	RISE TO THE	ABOVE CAL	USE (A) STA	ING THE											
Z	UNDEKLTIN	G CONDITI	ON LASI.			(C)									
CERTIFICATION			11												
V		IFICANT CON													
E		CONDITION													
ER	20A. DATE OF	OPERATION	1 20B. CO	NOITION	FOR V	WHICH OPERATION WA	VAS PERFORMED					21. A	21. AUTOPSY? (Yes or No)		
D	<)												yes		
EDICAL		VAL CAUSE			22B. P	LACE OF INJURY (e.g.,	in or obout	22C. WHER	E DID (If in Boltim	ore City, give	e exoct locat	ion)	200	
ă	UNDERLYING UTING CA				nom e	form, foctory, street, office Street	e bldg., etc.)	100 B	lock	N. Po	ppleto	n Str	eet	18	-01
Σ			oy) (Year	·) (Hou	r) 122	E. INJURY OCCURRED		22F. HOW				1 3			
	OF INJURY			40 A	.		WHILE X					th nin			
	23.	L2-25-7	1 1:	40 A	• m. W	ORK L AT W	ORK 🔼	SEruc	K abo	out ne	ead wit	rii brb	E		
	The second second	fy that I he	ald an 1	[Inspection Au			4	in boots	المسماء الم		1		
	1000000						topsy X		_		, death in)II		
resulted from: Natural causes Accident Suicid								lomicide 2			ined monn	er			
		1	1.1	11	//	Dep Dep	outy	CHIEF ME	DICAL E	XAMINER	X		DA	TE SIGN	JED
	ACTUAL SIGNATU	IRE / /	191	111	Cr	M.D	AS:	SISTANT ME	DICALE	XAMINER					
	EXAMINE	Dic	7 7 2		1 .			OCIATE ME	DICALE	XAMINER			8	/22/	72
	NAME (T	D a	nald N	. Ko	rnb.	lum, M.D.					JTH-				
24	A. BURIAL CREM		4B. DATE		240	NAME of CEMETERY	or CREMAT	ORY	24D. I	LOCATIO	(City,	town, or co	unty)	(Sto	te)
KE	MOVAL (Specif	y)	7-20	-72		Arbelus Ni	70.	OU		1-6	7.			M	1
25	A DATE PECID	BY HEALTH [DEDBU	1250 B	LATINA	OF DECEMBER		FUNERAL	DIRECTO	77 104	743	ADDRES		114	
23.	A CONTRACTOR	INTA '	7.1	ALLA	22	THE PARTY OF THE P	250.	1 DIVERAL	DIRECTO	1	22	ADDKES	0.4	4.	
	SEP 19	1912	1 3766	1	***	000	- 1	UT-412	6 h	Rus	ys 22	7241,	Nori	13 14	100
				11			1 1		-						



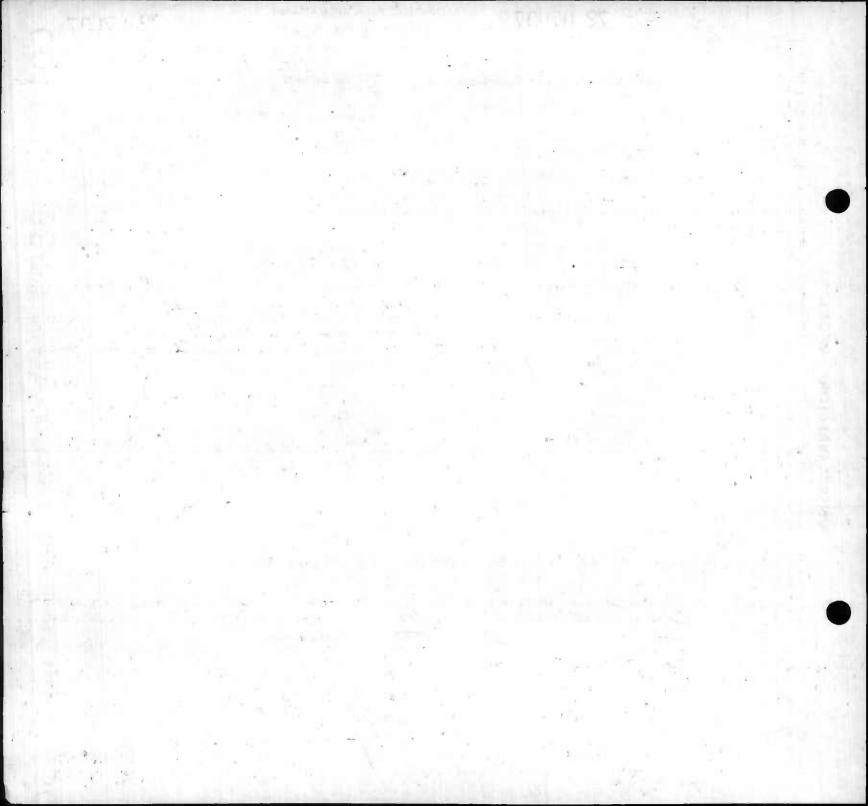
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CIT	Y HEALTH DEPARTMENT /2 07096
BIRTH NO. 72 07096 CERTIFICA	ATE OF DEATH REG. NO.
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH OF MARYTAND-DHAME
STUCKEY, LUCILLE	7 21 72 2.35 Pm
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE IWhere deceded lived. Il institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF UF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION	MARYLAND 1304
INSTITUTION	BALHMOLE D. INSIDE CITY LIMITS?
Provident Hospital INC.	E. STREET AND NUMBER
	2825 WOOD Brook AVE.
F. 6. RACE NARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years Il Under 1 Yr. Il Under 24 Hrs. Months; Doys Hours Min. Min.
IOA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired)	
- UNEMPLOYEED	- Youth CAROLINA United State
James McDqniel	Julia Belton
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
no 25/36-2072	Mrs. Robiner Robinson same
18. / GAUSE OF DEAT	H APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	use Duarian Ca & wide
(A)MMEDIATE CA This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease,	A CONSEQUENCE OF:
injury ar complication which caused death.	al metastasis.
ANTECEDENT CAUSES (B)	
I use to the appar coase (w) signing the	A CONSEQUENCE OF:
UNDERLYING CONDITION lost, (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 1 121B PLACE OF INJURY (C.C.)	
O DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSYS (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
WAS PERFOUNED	
OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examined)	in or about 21 C. WHERE DID (II in Boltimore City, give exact location) flice bldg., INJURY OCCUR?
OF INJURY OF INJURY	21F. HOW DID INJURY OCCUR?
Work At Work	
22. I certify that (this hospital) attended the deceased from	7 9 1972 10 7 21 1972
that N (we) lost sow the deceased office on	ond that in (our) opinion death occurred on the date
and hour and from the causes stated above. (1) (We) (did) (did not)	
C 1000 10 AH	ending Med. Stoff Med. Med. Med. Med. Med. Med. Med. Med.
DEGREE	s. L Director L Phys. M 1 21 1 1 22 23D. ADDRESS
KALMAN I ALLY MI)	PROVIDENT HOSP THE
24A. DURIAL GREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CR	
Sure 7-25-72 Church Cem.	Burnsville, S.C.
ISA. DATE REC'S AT HEALTH DEPT! 258, NAME OF REGISTRAL	25C. FUNERAL DIRECTOR V. Bailey ADDRESS Kelpnof. H. 1348 Calhoun Street
VS 150-REV. 1/1/68	1 2 Shart 1740 AUTHORIT ANTERO



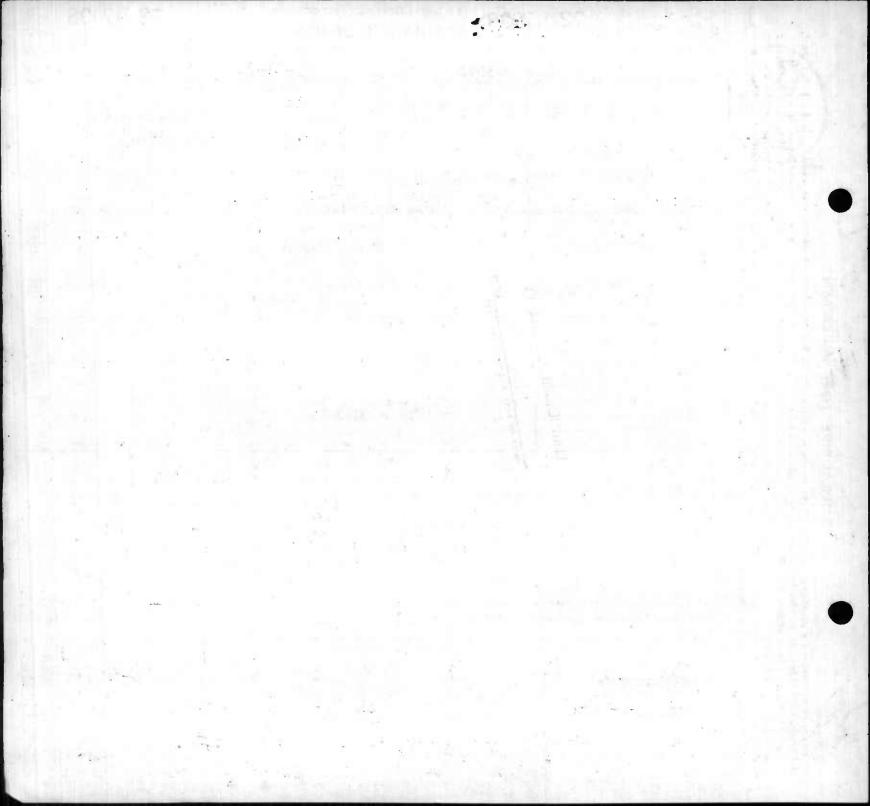
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

ת ממנים שם שם מיום	BALTIMORE CITY	HEALTH DEPARTMENT		PO 6 1910 - 191
H-325 72 07097	CERTIFICA	TE OF DEATH	REG. NO.	DE MARY AND DHUR
BIRTH NO. T. NAME OF DECEASED			ND HOUR OF DEATH	H
(Type or Print) Melvi	n Hudgins	7-24	10 HOUR OF DEATH	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. II	institution; residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTIT	TUTION CIVE STREET	Md.	• • •	1506
HOSPITAL OR ADDRESS OR LOCATION)	OHON, GIVE STREET	C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
		Balto.		YES 🔀 NO 🗌
46 Lutheran Hospita	1	E. STREET AND NUMBER		
,		2011 Braddi		
	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
Male Negroid WIDOWED		2-8-14	50	
10A, USUAL OCCUPATION (Give kind of work 10B, KIND O done during most of working life, even if retired)	F BUSINESS OR INDUSTRY		ign country)	12. CITIZEN OF WHAT COUNTRY
		Va		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
kik L. Hudgi	ns	Mary Forres	U	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	1 6. SOCIAL	17. INFORMANT		ADDRESS
tres, no or onknown, till yes, give war or dates or service.	217019607	Ruth Hudgin	s sam	
18. 4.4.1. 0. 0.1	CAUSE OF DEAT			APPROXIMATE INTERVAL
DISEASE OF CONDITION DIRECTLY	HYPERTER	WIVEY AFTE.	riorcle	ROTICETWEEN ONSET AND DEATH
LEADING TO DEATH	CARDI	"VANCULAR	DWER	VE 4 YEAR.
(This does not mean the made of dying, e.g.		A CONSEQUENCE OF:		
heart failure, asthenia, etc. It means the disease injury at camplication which caused death.)	,			
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, if any, giving	(B)	A CONSEQUENCE OF:		
rise to the above cause (A) stating the				
UNDERLYING CONDITION last.	(c)			
, II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
OISEASE OR CONDITION GIVEN IN PART I (A).	WHICH OPERATION	20 A. AUTOPSY? (Yes or N	all 20R IE VEC WER	E EINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OFERATION	AUTOFST! (Tes of the	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 211	B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltim	ore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	me, form, foctory, street, of	fice bldg. INJURY OCCUR?		
D 21D.TIME (Month) (Doy) (Year) (Hour) 211	. INJURY OCCURRED	21F. HOW DID IN.	HIBY OCCUP?	
S OF INJURY	hile At Not Whil	1	JORY OCCOR:	
(APPROX.)	ork At Work			
22. I certify that this hospital) attended	the deceosed from	AUGUNT	1968 to 5	TULY 17 1972
thouse we) lost sow the deceased olive on	7/17	19 72 ond th	not in (my) (our) of	pinion deoth occurred on the dot
ond hour and from the couses stated above				
23A. SIGNATURE				23B. DATE SIGNED
Jamo our 2		nding Med.	Staff Phys.	7/2-/22
23C. PHYSICIAN'S	DEGREE Phy	23D. ADDRESS	rnys	17-7/1-
NAME (Type)			m. h	10-25-3
24A. BURIAL CREMATION, 124B. DATE 124C.N	DEGREE	UNIV. OF		City town as south (City
REMOVAL (Specify)	AME of CEMETERY of CRI			City, town, or county) (State)
	Mt. Auburn		alto., Md.	
25A. DATE REC'D BY HEALTH DEPT 25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTO		
JUL 28 1972 Trackey IN.	word	Kelson F. H	· 1348 C	Calhoun Street
VS 150-REV. 1/1/6B	1	03076	J	



was D.O.A. at a hospital (except where the physician wha pranounced death was in regular attendance an the deceased priar to death); and (6) No physician was in regular attendance on the deceased priar ta death. Such written appraval must be abtained before the remains are embalmed or final dispasition is made. the bady was released to the hospital by a medical examiner. Alsa, if the direct ar cantributing cause af death shaws: (1) An accident af any nature; (2) Bady burns; (3) A fracture af any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

A 2 02 DOO BALTIMORE CITY	Y HEALTH DEPARTMENT 72 07098
C-320 72 07698 CERTIFICA	TF OF DEATH KEE NO.
I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) Adelle Coates	7-24-72 2:20 P. N
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland 1403
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	Balto. YES NO
002012 Etting Street	E. STREET AND NUMBER
	2012 Etting St.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Days Hours; Min.
Female Negroid WIDOWED DIVORCED	3-15-79 93
10A. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
	Md. U.s.a.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. Wos Deceosed Ever in U. S. Armed Forces (Yes, no or unknown) (If yes, give wor or doles ervices SECURITY NO.	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes SECURITY NO.	Mary Parham same
118, CAUSE OF DEATH	TH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
07	use Heat procession 3 dasc
(This does not meon the mode of Tying, S., DUE TO, OR AS	use Heat parostration 3 days
heorl foilure, osthenio, etc. It meons the disorde, injury or complication which couses teeth.	
ANTECEDENT CAUSES 35 1 High t	tomorrature.
	S A CONSEQUENCE OF:
rise to the obove cause (A The UNDERLYING CONDITION tost	
11 5 13	
TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	and the description of the same
Q DISEASE OR CONDITION GIVEN IN PART 1 (A).	scleratic heart disease
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
E None	No
OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of	office_bldg., INJURY OCCUR?
DEATH (notify medical examined etc.) Home	Delto. 2012 Etting St. F.
OF INJURY (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
S (APPROX.) July 13, 1972 While At Not While At Not While At Work	Heat Prostration during heat wave
22. I certify that (I) (this hospital) attended the deceased from	-21- 1972 107-24- 1972
that (1) (we) lost saw the deceased alive on 7-21-	1972 and that in (my) (aur) apinion death occurred on the dat
and hour and from the couses stated above. (1) (We) (dld) (did-not) v	· · · · · · · · · · · · · · · · · · ·
23A. SIGNATURE	23B. DATE SIGNED
I (N/) Phy	rending Med. Staff Director Phys. 7-25-72
23C. PHYSICIAN'S	23D. ADDRESS
NAME (Type)	Wallen to a Detti was And
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR	REMATORY 24D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify)	
Burial 7-28-72 New Cathergl 25A, DATE REC'D BY HEALTH DEPT. A 25B, NAME OF REGISTRAR	Zem. Balto., Nd.
1111 28 1079 A Love / 1 And Kand	oballey
VS 150-REV. 1/1/6B	Aelsan F. 1348 Calhoun Street
73 130 11 17 17 17 17 17 17 17 17 17 17 17 17	



72 07099 STATE OF MARYLAND-DHATE

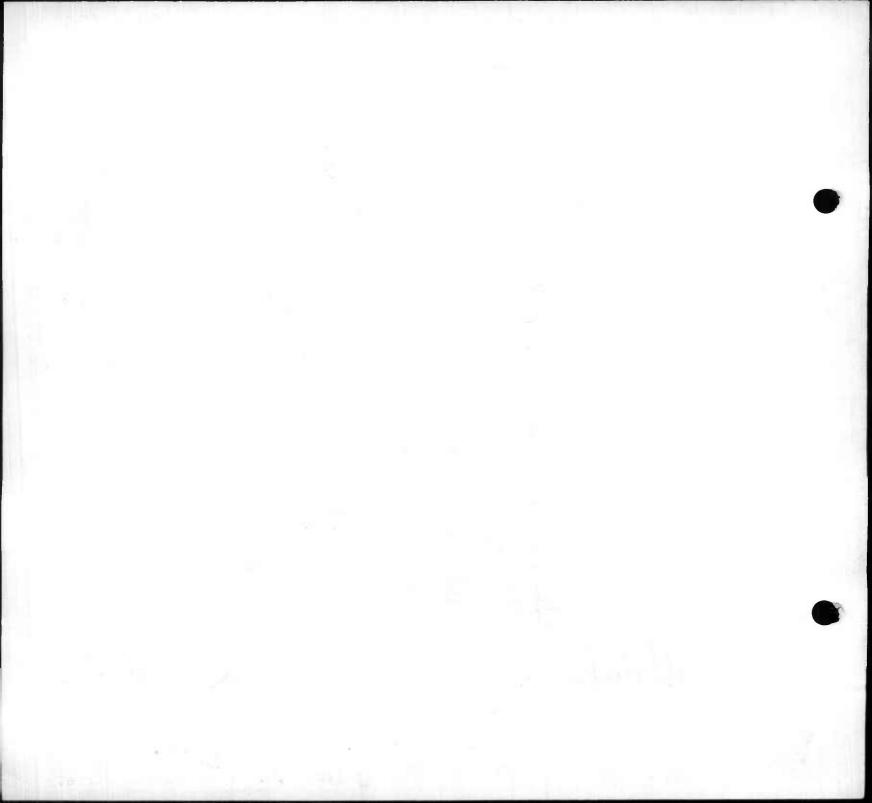
72 07099

RIE	ATH NO.		MED	ICAL	EXA	MINER'S	CERTIFI	CATE O	F DEAT	H REG. NO.		
1.	NAME OF DEC	EASED					2. DATE	Knawn	Month	Doy	Үеог	Hour
(Ту	pe ar Print)	Leli	a Jacl	kson			OF DEATH	Estimoted [3 7	24	72	M.
4.	PLACE IN BAL	TIMORE, MAI	RYLAND, W	HERE PR	ONOUN	CED DEAD	3. DATE		Manth	Day	Year	Haur :
HO	L NAME OF SPITAL INSTITUTION	(IF NOT	IN HOSPITA	LORINST	TITUTION,	GIVE STREET		ESIDENCE (Wh	7	24	72	9:10 pe M. before odmission)
0	0	803	White!	lock S	St.		A. STATE Md.	ESIDEIACE (WII	ere deceosed i	B. COUNTY	/_	302
	6. SEX 7. RACE B. MARRIED NEVER MARRIED						C. CITY OF	TOWN		D. INSIDE C	ITY LIMITS?	
	female	Negr	0	WIDOW	VED 🔀	DIVORCED	Balt	.0.		Y	ES 🔽	NO 🗌
9.	1-7-9		10. AGE (Ir lost birthda			1 Yr, If Under 24 Hrs Days Haurs Min		Whitelo	ck Stre	et		
11.	BIRTHPLACE (S	tate or fareig	n country)		12. CITIZ	EN OF	13. FATHER		011 0 0 0 0			
	Md	•			UWHA	T COUNTRY?	Char	cles Da	vis			
				14B. KIND		INESS OR INDUST	15. MOTHE	R'S MAIDEN N	AME			
don	e during most of w	orking life, eve	en irretired)				Car	rrie Ca	rroll			
	WAS DECEAS					SOCIAL SECURITY NO.	IB. INFOR	TAAN		A	DDRESS	
(10	s, no or unknawn) NO	(if yes, give w	ar or dates	of service	,	SECORITY NO.	Alver	rna Coo	per-52	6 E. H	lash.	Ave. Con
	19.	24				CAUSE OF DE					BETV	PPROXIMATE INTERVAL
NO.	(This does no heart foilure injury ar can DISEASES CRISE TO THE	E OR CONDI LEADING TO at mean the osthenio, etc. pplication whice VTECEDENT (DR CONDITION ABOVE CAL	DEATH mode of dy It means the h caused dea CAUSES DNS, IF ANY USE (A) STA	ing, e.g., diseose, ath.)		(A) IMMEDIATE DUE TO, OR				ar dise	ase	
CERTIFICATION	TO THE DEA	IFICANT CON	RELATED TO	THE TERM	INAL	100400 40000000000						
ERTI						ICH OPERATION V	VAS PERFORM	\ED			21. AUTO	OPSY? (Yes ar Na)
ū	2										yes	- head
MEDICAL	UNDERLYING UTING CA	USE OF DEA	TH.		hame, for	CE OF INJURY (e.g m, foctary, street, off	ice bldg., etc.)	NJURY OCCUR	?		act lacation)	
-	OF INJURY (APPROX.)	Manth) (D	ay) (Year	r) (Havi	m. WHILE		T WHILE	2F. HOW DID	INJURY OCC	UKY		
		ify that I he		nquiry [spection A		ond that or omicide CHIEF MEDICA	Undeterm	, death in my ined manner		
	ACTUAL SIGNATU EXAMINI NAME (T	ER'S F	eter 1	Lipko	vic,	M.D.	D.	STANT MEDICA		**************************************		7/25/72
	A. BURIAL CREM MOVAL (Special Burial	MATION, 24	4B. DATE 7-29-	.72		ame of CEMETER			Balto.		n, or county	(State)
25	JUL 28	1972		25B. N		REGISTRAR	25C.	lson ?		ailey '	ADDRESS lhoun	Street
VS	151-REV. 1/1/6B			1	2 \$4,00	£, 1	1 0)) 0				. /

A SECOND SERVICE TO SECURIA The second of th

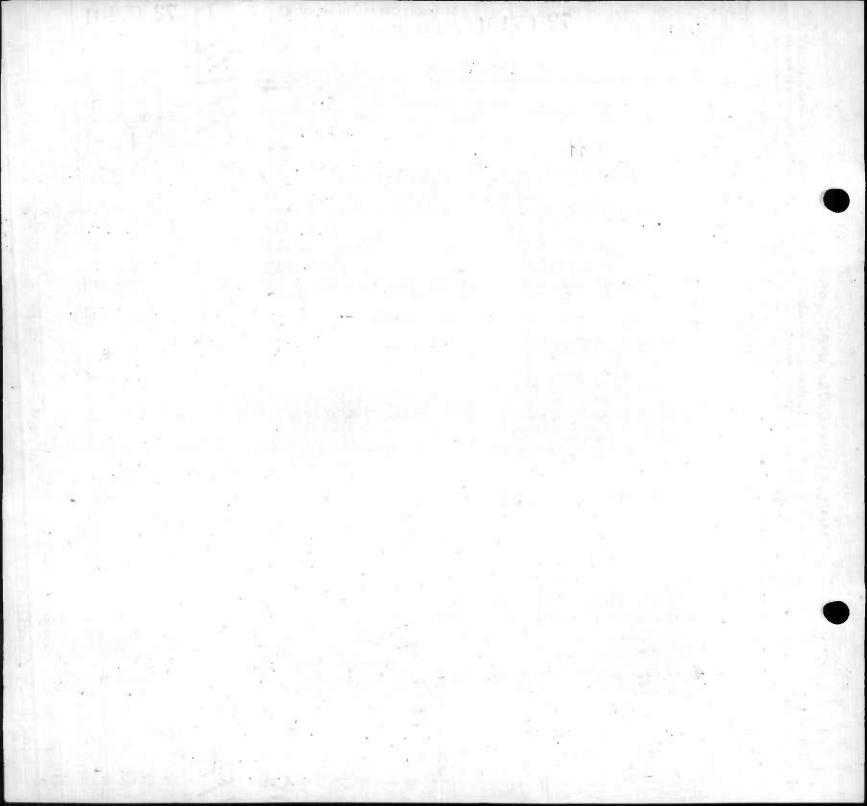
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
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	7-423 72 0710		HEALTH DEPARTMENT	7	2 07100			
	BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	A STATE OF THE STA			
	NAME OF DECEASED Type or Print)	2 /	2. DATE AND	HOUR OF DEATH	MARYLAND-DHME			
	PLACE IN PALTIMONE AND WAR AND HARVE	ey	24,	Jul72	110:20 Pm			
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONC	UNICED DEAD	A. STATE B. COUNT	deceased lived. If instituti	ion: residence befare admission			
Ш	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	UTION, GIVE STREET	Maryland 130	alto City	1703			
	NSTITUTION	,	C. CITY OR TOWN	D. INSIDE C				
1	Manufecsity HasPite	2/ OF MI	E. STREET AND NUMBER	YES	NO [
	ono to credit of production	10/110.	90A Aravi	e AVA	145			
	SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH J 9.	AGE (In years If	Under 1 Yr. , If Under 24 Hrs.			
	MIAIR NEGRO WIDOWED		112 12 13 1	st birthdoyl Mo	onder 1 17. If Under 24 Hrs.			
	OA. USUAL OCCUPATION Give kind of work 108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stale or loreign	country) 12.	CITIZEN OF WHAT COUNTRY?			
	clerk grocer	y store	Marylan	d	USA			
II'	3. FATHER'S NAME	/	14. MOTHER'S MAIDEN NAM	E				
	unknown		Dlive	Cunning	ham			
	es, no or unknown) (II yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANTOLIVE	Cunningham	Address ame			
	NO	unknown	Chart					
	18.303.71	CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		DIL		2			
	This does not mean the made of dving en	(A) IMMEDIATE CAU	SE TODQ DI	Sepsis	3 days			
	heart failure, asthenia, etc. It means the disease, injury at camplication which caused death.)	A	TONDER DE MEE OF	,				
	ANTECEDENT CAUSES							
	DISEASES OR CONDITIONS, if ony, giving							
	rise to the above cause (A) stating the UNDERLYING CONDITION last.							
.	. 11							
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
101401111111111111111111111111111111111	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR V	VHICH OPERATION	20 A. AUTOPSY? (Yes or No)	200 18 956 1150	***************************************			
1	WAS PERFORMED	THE STEAM OF	A DIOPSIPILES OF NO.	20B. IF YES, WERE FINDING CAUSES	OF DEATH?			
11	OR CONTRIBUTION OF	PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(If In Boltimore City,	give exact location)			
13	DEATH (notify medical examiner)	a, tuini, tuciony, sweet, on	ice bldg. INJURY OCCUR?					
10274	21D. TIME (Month) (Doyl (Yeon (Hour) 21E,	INJURY OCCURRED	21 F. HOW DID INJUR	Y OCCUR?				
	(APPROXI Whi	le At Not While						
	22. I certify that (I) (this hospital) attended th		19	to	10			
	that (1) (we) last sow the deceased olive an							
	and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.							
	23A. SIGNATURE			23 B ₄ I	DATE SIGNED			
	Hand Hand my	7/201172						
	23C. PHYSIC AN'S NAME HYPO	DEGREE PRYS.	3D. ADDRESS	off. Z	1-11			
	MAKE H- KASOW ITZ							
1 2	A. BURIAL CREMATION, 24B. DATE 24C. NA REMOVAL (Specify) 7-29-72 N		n, or countyl (State)					
24		t Calvery	1	timore, Md.				
11	A. DATE REC'D BY HEALTH DEPT. 258. NAME O	AESISTAN	25C. FUNERAL DIRECTOR V		ADDRESS			
I L	150-REV. 1/1/68	elitar for	Profesh L M.	1348 Calho	un rreet			



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

1	1 (1)	BALTIMORE CITY	HEALTH DEPARTMENT	,	2 07101			
111	1-420 72 07:	101 CERTIFICA	TE OF DEATH	REG. NO.	OF MARYLAND-DHME			
1. NAM	E OF DECEASED			D HOUR OF DEATH	OF MARIHAND DIME			
(Type a	. Print)	ia Mills		7-25-7	2 1			
3. PLA	CE IN BALTIMORE, MARYLAND, WHERE PR		4. USUAL RESIDENCE (Where	deceased lived. If i	nstitution: residence befare admission)			
FULL N	NAME OF (IF NOT IN HOSPITAL OR IN	ISTITUTION, GIVE STREET	A. STATE B. COUNT	TY	1501			
HOSPIT INSTITU	AL OR ADDRESS OR LOCATION) JTION		C. CITY OR TOWN	D. IN:	SIDE CITY LIMITS?			
	0		Balto.		YES NO			
00	6114 Baker	St.	E. STREET AND NUMBER					
				Street				
5. SEX	6. RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	ost birthday)	Months Days Haurs Min.			
	F N WIDO	WED DIVORCED	2-8-07	65				
	UAL OCCUPATION (Give kind af wark 10 B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	gn cauntry)	12. CITIZEN OF WHAT COUNTRY?			
done du	ring most at warking life, even it relifed)		N.C.		U.S.A.			
13. FAT	HER'S NAME		14. MOTHER'S MAIDEN NAM	N.E.				
	John Hewly		Mary					
15, Was	Deceased Ever in U. S. Armed Forces? ar unknawn) (If yes, give war or dates of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
	, , , , , , , , , , , , , , , , , , , ,	SECORITI NO.	NT 2 3 22 22	1.501	Ti no on free			
18.	1100.	CAUSE OF DEAT	Weldon Fuller	4041	Finney Ave.			
	DISEASE OR CONDITION DIRECTLY	4	. (1	rula Disea	BETWEEN ONSET AND DEATH			
	LEADING TO DEATH	Hy Rule		rula Deser	NU In			
	is does not mean the mode of dying,		A CONSEQUENCE OF:		10 apressa			
	arl foilure, asthenio, etc. It meons the disc ury or complication which caused deoth,)	ease,	A CONSEQUENCE OF.					
	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:							
	SEASES OR CONDITIONS, if any, gi		A CONSEQUENCE OF:					
	DERLYING CONDITION last.	(C)						
-	The state of the s			*				
Z OT	HER SIGNIFICANT CONDITIONS CONTRIBUT	NG						
NO TO	THE DEATH BUT NOT RELATED TO THE TERMI EASE OR CONDITION GIVEN IN PART 1 (A).	NAL						
	DATE OF OPERATION 198 CONDITION	20 A. AUTOPSY? (Yes ar Na)	20B. IF YES, WERE	FINDINGS CONSIDERED				
OERTIFIC 19A	WAS PERFORMED			IN CERTIFIING CA	AUSES OF DEATH?			
U 21 A	A CCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g.,	n or about 21 C. WHERE DID	(If in Boltimo	re City, give exact location)			
A DE	ATH (notify medical examiner)	etc.)	affice bldg., INJURY OCCUR?					
21 E OF	TIME (Manth) (Day) (Year) (Haur)	21 E. INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUP?				
¥ OF	INJURY	While At Nat While						
(A)	PPROX.)	Work At Wark						
22.	I certify that (I) (this haspital) attend	67 ta 7/	25 19/2,					
tha	it (I) (we) last saw the deceased alive	an // V	/ // //	/	inion death occurred on the date			
and	and haur and from the couses stated above. (1) (We) (did) (did not) view the body ofter death.							
1	23B, DATE							
1	al a	Atte	ending Med.	Staff	1/2/11			
0	merou Jule	DEGREE Phy		Phys. 🗀	11/16/12			
1930	NAME (Type)		23D. ADDRESS		,			
		DEGREE						
24A. BL	JRIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CR			City, town, ar caunty) (State)			
RE					city, town, ar county) (State)			
E	Drial Cremation, 248. Date Moval (Specify) 7-28-72	Carver Mem. F	k.	Lau	urel, Md			
E	Drial Cremation, 248. Date Moval (Specify) 7-28-72	C. NAME of CEMETERY OF CR		V. Bailey	arel, Md			
25A. D.	Drial Cremation, 248. Date Moval (Specify) 7-28-72	Carver Mem. F	k.	V. Bailey	urel, Md			



Auburn

25B, NAME OF REGISTRAR

REMOVAL (Specify)

VS 151-REV. 1/1/6B

25A. DATE REC'D BY HEALTH DEPT.

(City, town, or county)

ADDRESS

1348 Calhoun Street

Balto., Ad

25C. FUNERAL DIRECTORY Dailey

(Stote)

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

M-250 72 07:	BALTIMORE CITY	HEALTH DEPARTMENT		72 07103			
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.				
I.NAME OF DECEASED		2. DATE	AND HOUR OF DEATH				
Mason Viola		July	26. 1972	1:30 a.M.			
3. PLACE IN BALTIMORE MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived If	institution: residence before admission)			
FULL NAME OF (IF NOT IN HOSPITAL OR II HOSPITAL OR ADDRESS, OR LOCATION)	ASTITUTION, GIVE STREET	Maryland		1304			
INSTITUTION Provident Hospi		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?			
39 2600 Liberty He		E. STREET AND NUMBER		YES NO NO			
Baltimore, Md.	21212	2835 Woodbroo	le Ave				
5. SEX 6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE lin years lost birthday)	If Under 1 Yr., If Under 24 His. Months: Doys Hours Min.			
Female Negro WIDO 10A. USUAL OCCUPATION (Give kind of work 10B, KIN	WED DIVORCED	8-11-86	85				
done during most of working life, even if setjred)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?			
13 FATHER'S NAME		Maryland		U.S.A.			
Emmanuel Maso	on	14 MOTHER'S MAIDEN N.	ice Beads				
15. Was Deceased Ever In U. S. Armed Forces?	1 6 SOCIAL	17. INFORMANT		ADDRESS			
(Yes, no or unknown) lill yes, give wor or doles of serv	SECURITY NO.	- Introduction		ADDRESS			
118, / Z	216-42-1622 CAUSE OF DEAT	John Mason (B)	ROTHER) 2835	Woodbrook Ave.			
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEAT	1	(BETWEEN ONSET AND DEATH			
LEADING TO DEATH	(A)IMMEDIATE CAL	ISE Sencie	Dehydiati	on			
heart failure, asthenia, etc. It means the disease.							
injury or complication which caused death.)							
DISEASES OR CONDITIONS, if any, gi	(B)	A CONSEQUENCE OF:	ignancy	***************************************			
rise to the above cause (A) stating		A CONSEQUENCE OF:					
UNDERLYING CONDITION last,	(c)						
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG						
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	DISEASE OR CONDITION GIVEN IN PART 1 (A).						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINATION OF THE TERMINATION	20A. AUTOPSY? (Yes or h	10 20B, IF YES, WERE	FINDINGS CONSIDERED				
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	n or obout 21 C. WHERE DID fice bldg. INJURY OCCUR?	(If In Boltimo	re City, give exoct locotion)				
DEATH (notify medical examines)	fice bldg. INJURY OCCUR?						
Q 21D. TIME (Month) (Day) (Year) (Hour)	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY (APPROX.) While At Not While Work At Work						
(APPROX)							
22. I certify that (1) (this hospital) attend	ed the deceased from	July 25	19 22 10 h	rly 26 1922			
that (1) (we) lost sow the deceased alive	(1.11 11	19 72 and t	hat In (my) (aur) opi	nion death occurred on the date			
and haur and fram the couses stated above	and haur and fram the couses stated above. (1) (We) (did) (did not) view the body ofter death.						
23A. SIGNATURE				23B. DATE SIGNED			
(Al Ingzin	M.D. DEGREE Phys		Stoff Phys,	7/26/72			
23C. PHYSICIAN'S NAME ITypel	1	23D. ADDRESS	11				
H. BENG;		PROVIDER	or Hospi	ITAL			
24A. BURIAL CREMATION, 24B. DATE 24	C.NAME of CEMETERY of CRE	MATORY 24D.	LOCATION IC	ity, town, or county) (State)			
Burial 7=29-72 25A. DATE REC'D BY HEALTH DEPT, 25B, NA	Arbutus Mem		ltimore, Md	ADDRESS			
111 28 1070 2	2 OK	25C. FUNERAL DIRECTO		houn St.			
THE CALL STATE OF A CARLOT ALL							



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VS 151-REV. 1/1/68

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REMOVAL (Specify)

Burial

VS 151-REV, 1/1/68

SIGNATURE

EXAMINER'S

NAME (Type)
24A. BURIAL CREMATION,

25A. DATE REC'D BY HEALTH DEPIT.

Peter Lipkovic, M.D.

25B. NAME OF RIPGISTRAR

248. DATE

7-29-72

DIAIR OF WARYLAND-DHMH 72 07105 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. BIRTH NO I. NAME OF DECEASED Known XX DATE Month Day Hour Year (Type or Print) OF 7 25 72 Charlotte Wheeler Estimoted DEATH M. 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE Month Dov Year Hour PRONOUNCED DEAD 11:40 a. (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF 7 25 72 OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) 2225 Brunt St. A. STATE B. COUNTY Md. 7. RACE C. CITY OR TOWN D. INSIDE CITY LIMITS' 6. SEX 8. MARRIED NEVER MARRIED Balto. WIDOWED . YES X female Negro DIVORCED NO 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. II Under 24 Hrs. Months, Doys, Haurs, Min. E. STREET AND NUMBER last birthday) 2225 Brunt Street 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? Waverly Smith 14A. USUAL OCCUPATION (Give kind of work] 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME dane during most of warking life, even if retired) Lottie 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. INFORMANT **ADDRESS** 17. SOCIAL SECURITY-NO (Yes, na ar unknawn) (If yes, give wor or dates af service) Daniel Wheeler same no APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH Fatty metamorphosis of liver DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) **ANTECEDENT CAUSES** DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)_ 20 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 20 A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) ¥ 22A. 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Baltimare City, give exact lacation) home, form, foctory, street, affice bldg., etc.) INJURY OCCUR? **EXTERNAL CAUSE WAS** UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Manth) (Day) 22F. HOW DID INJURY OCCUR? (Year) 22E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE (APPROX.) WORK AT WORK 23 Autapsy XX and that on this basis, death in my opinion I certify that I held an Inquiry Inspection Accident Suicide Hamicide __ resulted fram: Natural causes Undetermined manner

24C. NAME of CEMETERY or CREMATORY

Mt. Auburn Cem.

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER AN

24D. LOCATION (City, town, or county)

1348 Calhoun Street

Paltimore, Ind.

25C. FUNERAL DIRECTOR V . Dalley ADDRESS

·h·

ASSOCIATE MEDICAL EXAMINER

Kelson

DATE SIGNED

7/26/72

(Stote)

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STANT	pproved by the chief medical examiner or his assistant if death occurred in a hospital and a the hospital by a medical examiner. Also, if the direct or contributing cause of death any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (except where the physician who pronounced death was in regular attendance on the ; and (6) No physician was in regular attendance on the deceased prior to death. Such expetained before the remains are embalmed or final disposition is made.
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

0	פיליו	2 0710	BALTIMORE CITY	HEALTH DEPARTMEN	IT.	120 OF	7400	
5-16	2 16	. 0/10	CERTIFICA	TE OF DEAT	H REG. NO	72 07		
BIRTH NO.	EÇEASED				E AND HOUR OF DEAT	refer sold	LAND-DHMH	
(Type or Print)	Bonsal	SDAR	KS		7-26-7	7 1 72 1 1 mm	2 AM	
3. PLACE IN 8	ALTIMORE MARYLAND, V	VHERE PRONO	INCED DEAD	A. STATE B.	(Where deceased lived, If	institution: reside		
ELLE NAME	DE SENOT IN HOSBIT	AL OF INCTIT	JTION, GIVE STREET	Maryland	JOBRII	/	119,	
FULL NAME OF HOSPITAL OR	ADORESS OR LOC	ATION)	SHOW, GIVE SIKEEL	C. CITY OR TOWN	D. IN	ISIDE CITY LIMIT	5?	
27	mercy +	JOSPITA	1/ INC.	Baltimore		YE S	NO 🗌	
0/	57 1100 9 1100 51111			209 S. Robinson Street, Baltimore, Md. 21224				
		10		11	•			
Male Male	Caucasi an	WIDOWED		5/17/28	9. AGE (in years lost birthday) 44	Il Under 1 Months Do		
	CUPATION (Give kind of wor of working life, even if refired)						OF WHAT COUNTRY?	
	l Electric	Labore	r	Centervil	le, Md.	U.	S.A.	
13. FATHER'S N				14 MOTHER'S MAIDEN	NAME			
Ross F	inley Sparks			Delma Day	wkins			
15. Was Decem	sed Ever in U. S. Armed Fo wn)[lif yes, give war or date	rcee?	6. SOCIAL SECURITY NO.	17. INFORMANT		AE	DORESS	
Yes-W.	W.II - II/2/45-	11/1/48	220 - 2 - 0452	sons - addres	ss same - 209 S	. Robinson	n St.	
18. 26/	01/1		CAUSE OF DEAT	Н			PPROXIMATE INTERVAL	
DISE	ASE OR CONDITION D			0 1	5/	LS	73/	
(This does	LEADING TO DEATH not mean the mode of		(A) IMMEDIATE CAL	701	ience uno	el (5-4 451	
heart failu	re, asthenia, etc. It means complication which caused	the disease,	A CONSEQUENCE OF:	J				
Inforty of C	ANTECEDENT CAUSES		C_{α}	: orrant	cextended a	10/14		
DISEASES	(B) 47 0 (A CONSEQUENCE OF:	8 CP1010204	70/14		
rise to	nise to the above cause (A) staling the UNDERLYING CONDITION last.			cardial 7	In farction			
	11		1					
	NIFICANT CONDITIONS CO EATH BUT NOT RELATED TO 1		None					
O DISEASE O	R CONDITION GIVEN IN PAI OF OPERATION 1198 CON	RT 1 (A).	WHICH OPERATION	20A-AUTOPSYS (Yes	or No) 208, IF YES, WER	E FINDINGS CO	NSIDERED	
19A.DATE	WAS PE	FORMED	mich oraxilor		IN CERTIFYING	AUSES OF DEA	TH?	
OR CONTR	DENT WAS UNDERLYING LIBUTING CAUSE OF	21 B. hom etc.	PLACE OF INJURY (e.g., e, farm, factory, sheet, a	n of obout 21 C. WHERE D	OLD (II In Boltin	nore City, give ex	act location)	
O 210. TIME OF INJURY	(Month) (Day) (Year)	(Hous) 21E	INJURY OCCURRED	21F. HOW OI	D INJURY OCCUR?			
S OF INJURY			le Al Not Whi	0				
	22. I certify that (I) (this institut) oftended the deceased from 1414 25 19 24 to 1974							
	that (1) that lost sow the deceased clive on							
	and hour and from the causes stoted obove (1) (15 (did) (did to view the body ofter death.							
	and hour and from the causes stoted obove (1) 1889 (ald) (distant) view the body offer death. 23B. DATE SIGNED							
1	18 20/	2 W	/ / Dhy	ending Med.	Staff D		26/72	
23C. PHYSI	23C. PHYSICIAN'S 23D. ADDRESS						, ,	
NAMI	NAME(IVPO))		
24A. BURIAL C	A. BURIAL CREMATION, 1248, DATE 124C, NAME of CEMETERY of CREMATORY 124D, LOCATION LCity, town, of country						unity) (State)	
Burial	L (Specily) 7/28/72							
Burial 7/28/72 Chesterfield Cem. Centerville, Maryland 25A. DATE REC'D 8Y HEALTH DEPT. 25B. NAME OF REGISSRAR 25C. FUNERAL DIRECTOR ADDRESS								
III 28 1972 Tradeuphotostore of Day A. M. J. 15 C. Pahin								
VS 150-REV. 1.	/1/68	1		losen	N Zappino	263 S C	onkling #	

AND RESIDENCE OF THE PARTY OF

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

11/		white.	C 101 4 0	BALTIMORE CITY	HEALTH DEPARTM	IENT	מים חייו	107
BIRTH	-653 No.	72	0710	CERTIFICA	TE OF DEA	TH REG.	NO. /2 U/	AU/ MLAND=DBMB
	or Print)		K. Horm		2. [7/25/72	DEATH	11:53 P. M.
3. PL	ACE IN BALTIMORI	MARYLAND, WI	HERE PRONOL	JNCED DEAD		CE (Where deceased lives, COUNTY	ved. If institution: res	idence before odmission)
HOSP	NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET PATALOR ADDRESS OR LOCATION)				MA C. CITY OR TOWN		D. INSIDE CITY LIN	8 6 4 AITS?
0	General German Aged Peoples Home, 22 S. Athol Avenue			Baltimore YES TO NO				
/								
fen		nite	7. MARRIED [WIDOWED [NEVER MARRIED DIVORCED	9/3/1892	9. AGE (In yellost birthdoy)	ars If Under Months	1 Yr. II Under 24 Hrs. Doys Hours Min.
	JSUAL OCCUPATIO Juring most of working		10B, KIND OF	BUSINESS OR INDUSTRY	Germany	e or foreign country)		ISA
13. FA	THER'S NAME				14. MOTHER'S MAI	DEN NAME		
I	Late Ludwig	Meier			Late Ros	ine Muller		
15. Wo	os Deceosed Ever in	U. S. Armed Force	es?	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
(100,11	is or original transfer	, give wer or dates		216-01-3580	General Ge	rman Aged Ho	ome, 22 S.	Athol Avenue
LEADING TO DEATH (This does not mean the made of dying, e.g., head failure, asthenia, etc. It means the disease, injury or camplication which coused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving riso to the above cause (A) stating the UN DERLYING CONDITION lost. (B) UN TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. ACCIDENT WAS UNDERLYING CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED 21A. ACCIDENT WAS UNDERLYING CAUSES OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR?								EATH?
	(APPROX.) While At Not White Man Work At Work				<u> </u>			
th a 23	22. I certify that (I) (this haspital) attended the deceased from							
24A.	BURIAL CREMATIO REMOVAL (Specify)	N. 24B. DATE	24C. N	AME OF CEMETERY OF CRI	MATORY	24D. LOCATION	(Cily, town, or	
-	Burial	7/28/72	Gar	den of Faith	2SC, FUNERAL D		e, Maryland	ADDRESS
II.	11 28 1072	Linder	u han	-Key		1630 Edmonds	son Avenue	21228
VS 15	50-REV. 1/1/6B			4 1	11 10	4		

27 N L. Aword - 27 1/16/1967 Astronomical Street your control of THE REAL PROPERTY AND ADDRESS. many Torrest Lawrent Dear Served Light Street

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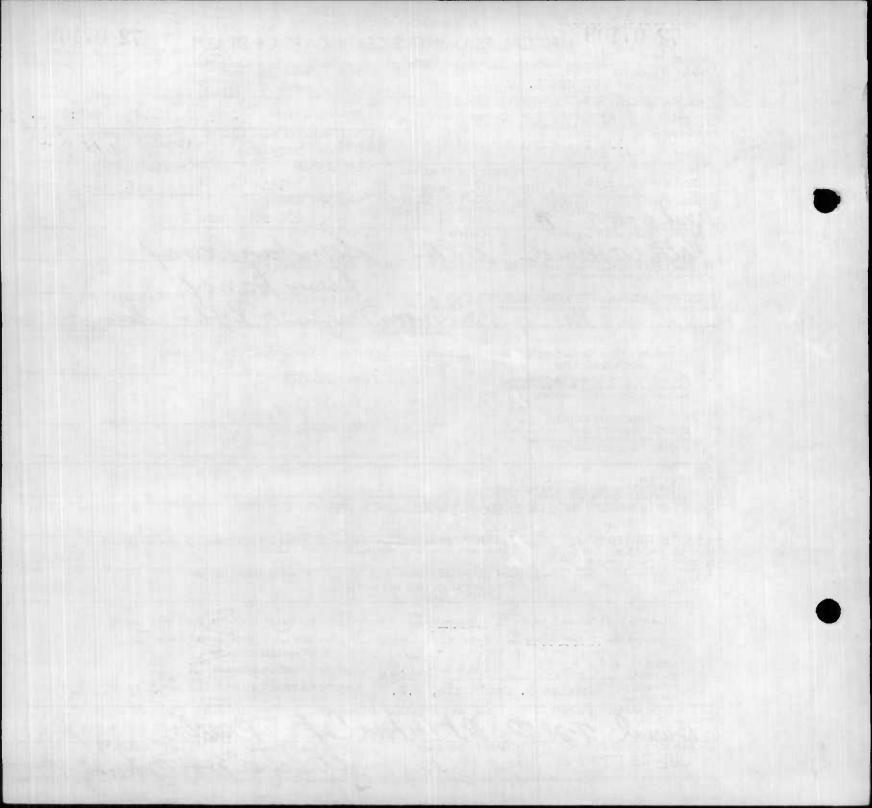
1	ALEDICAL EVALUISEDIS CEDTIEICATE OF DEATH	2 07108						
H-163	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO							
	1. NAME OF DECEASED 2. DATE Known XX Month Doy	Yeor Hour						
	(Type or Print) Virginia Hubbard OF DEATH Estimoted 7 25	72 M.						
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy	Yeor Hour						
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET PRONOUNCED DEAD 7 25	72 8:10 a. _{M.}						
	OR INSTITUTION 2423 E. Federal St. St. STATE Md.							
	6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CIT	Y LIMITS?						
	fomalo Negro	s No 🗆						
	9 DATE OF RIPTH 2 10 AGE (Invents Filinder 1 Yr If Linder 24 Hrs. F STREET AND NUMBER	SEI NOLI						
	Months, Doys, Hours, Min. 2423 E. Federal Street							
	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF 13. FATHER'S NAME							
	WHAT COUNTRY?							
	114A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME							
	Idone during most of working life, even if retired)							
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. INFORMANT A AD	DRESS						
	(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	headen						
	19. Jan CAUSE OF DEATH	APPROXIMATE INTERVAL						
	DISEASE OR CONDITION DIRECTLY Hypertensive and arteriosclerotic cardio	BETWEEN ONSET AND DEATH						
	LEADING TO DEATH							
	(A)IMMEDIATE CAUSE GISEASE (This does not mean the mode of dying, e.g., heart foilure, esthenia, etc. It means the disease,							
	injury or complication which coused death.)							
	ANTECEDENT CAUSES (B)							
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR AS A CONSEQUENCE OF:	75 may						
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							
	C)							
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).							
	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)						
		no						
	22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exoc							
	UNDERLYING OR CONTRIB- home, form, foctory, street, office bldg., etc.) INJURY OCCUR?							
	22D. TIME (Month) (Doy) (Yeor) (Hour) 22E. INJURY OCCURRED 22F. HOW DID INJURY OCCUR?							
	OF INJURY (APPROX.) m. WHILE AT NOT WHILE AT WORK							
	23.							
	I certify that I held an Inquiry Inspection XX Autopsy ond that on this basis, death in my c	opinion						
	resulted from: Natural couses XX Accident Suicide Hamicide Undetermined manner							
	CHIEF MEDICAL EXAMINER	DATE SIGNED						
	SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER XX							
	EXAMINER'S Peter Lipkovic, M.D. ASSOCIATE MEDICAL EXAMINER	7/25/72						
		, or county) (State)						
	REMOVAL (Specify) 1 - DC177	md						
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C FUNERAL DIRECTOR AL	DDRESS						
	JUL 28 1972 They was tone	111						
	A SUBJECT OF THE STATE OF THE S	remetel la						
	VS 151.REV 1/1/68							

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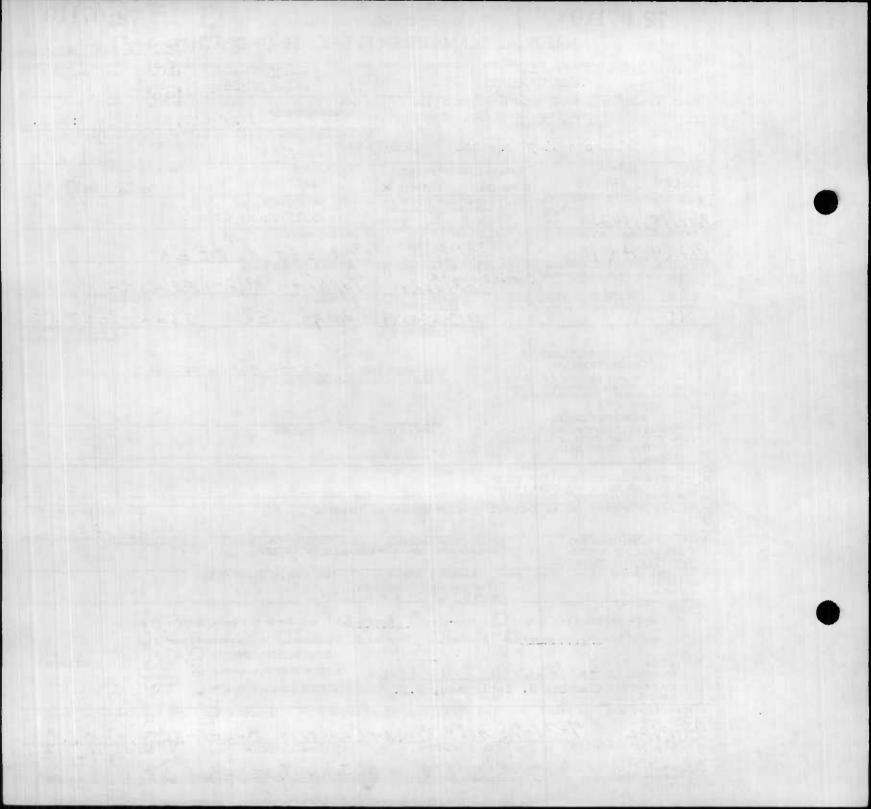
STATE OF MARYLAND-DHME
72 07109 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 72 07109

BIRTH NO.	REG. 110.					
NAME OF DECEASED GEORGE L. HARVEY	2. DATE Known Month Day Year Hour OF DEATH Estimated M.					
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET IOSPITAL ADDRESS OR LOCATION)	3. DATE Month Doy Year Hour PRONOUNCED DEAD July 21, 1972 8:40 P.					
334 Presstman Street	A. STATE Maryland B. COUNTY / 403					
. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
Male Negro WIDOWED ☐ DIVORCED ☐	Baltimore YES 🖾 NO 🗌					
DATE OF BIRTH 10. AGE (In years of Under 1 Yr. 11 Under 24 Hrs. Months: Doys, Hours of Min.	e. STREET AND NUMBER 334 Presstman Street					
1. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME					
4A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR one during most of working life, even if relired)	Y 15. MOTHER'S MAIDEN NAME					
	Wisey Harvey					
6. WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no or unknown) (II yes, give wor or dotes of service) 17. SOCIAL SECURITY NO. 213-00-8343	18. INFORMANT/ ADDRESS Magger M Rother Land					
19. CAUSE OF DEA	APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH					
LEADING TO DEATH	erotic cardiovascular disease					
(This does not mean the mode of dying, e.g., heart follure, osthenio, etc. it means the disease, injury or complication which caused death.)	AS A CONSEQUENCE OF:					
ANTECEDENT CAUSES (B)						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF:					
(c)						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).						
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)					
Z22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., home, farm, loctory, street, office uting Cause of Death.	, in or obout 22C. WHERE DID (If in Baltimore City, give exact location) to bidg., etc.)					
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (Appen) WHILE AT NO	1 WHILE NORK					
23.	utopsy ond that on this basis, death in my opinion					
· Com	de Homicide Undetermined monner					
ACTUAL SIGNATURE CHARLES DATE SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER						
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER July 27, 1972					
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY DUTY 1 24C. NAME OF CEMETERY 24C.	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)					
JUL 28 1972 25B. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR ADDRESS DULLSON 1977) Magazine 11, 6					
C 151 DEV 2/2/40	el lo ovi sreuney ly					



R-360

BIRTH NO.	REC. NO. OF MARYLAND DHMI
I. NAME OF DECEASED (Type or Print) JOSEPH RITTER	2. DATE Known X Month Doy Year Hour OF DEATH Estimoted Muly 27, 1972
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	3. DATE Month Day Yeor Hour July 27, 1972 4:06 A. M.
Baltimore City Hospital (DOA)	S. USUAL RESIDENCE (Where deceosed lived, if institution: residence before admission) A. STATE Maryland B. COUNTY
6. SEX Male 7. RACE Male White WIDOWED DIVORCED	C. CITY OR TOWN Baltimore Baltimore YES NO
9. DATE OF BIRTH 10. AGE (In years 1 Under 1 Yr. If Under 24 Hrs. Nov. 18, 1942 10st birthday) Months Days Hours Min.	E. STREET AND NUMBER 3322 Fleet Street
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME CHARLES RIFEER
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Domino Sugar R REFINERY	SophiA MACIJEWSKA
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service) 2/7-3 8-82 99	SophiARITTER 3322 FLEET St.
19. CAUSE OF DEAT	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. it means the disease, injury or complication which caused deoth.) DUE TO, OR A	AUSE Intravenous narcotism S A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE	S A CONSEQUENCE OF:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	
	Yes
UNDERLYING OR CONTRIB-	n or obout 22C. WHERE DID (I in Baltimore City, give exact location) bidg., etc.) INJURY OCCUR?
OF INJURY (APPROX.) WHILE AT WORK AT WORK	22F. HOW DID INJURY OCCUR?
I certify that I held an Inquiry Inspection Autority Inspection Inspect	and that on this basis, death in my opinion Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER X ASSOCIATE MEDICAL EXAMINER JUly 27, 1972
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF REMOVAL (Specify) 7-3/-72 HOLY ROBARY 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	CEMETERY BALTIMORE, Md.
JUL 28 1972 Didney by hortons	John MWEBERTSONS INC.
V3 1314KEY, 1/1/05	



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BALTIMORE CITY HEALTH DEPARTMENT

BI	RTH NO.	MED	DICAL EX	AMINER'S C	CERTIFIC	CATEC	F DEAT	TH RECEIVED	OF MAI	RYTANI)-DHM
1.	I. NAME OF DECEASED VAMBOLA. (Type or Print) Juri Ots				2. DATE OF DEATH	Known A	_	Doy 24	Year 72	Hour	М.
4.	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				3. DATE		Month	Doy	Yeor	Hour	
HC	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION (IVE STREET ADDRESS OR LOCATION)				INCED DEAD	7	24 lived, If Institution:	72	3:00	P . M.	
		11 N. Bros	dway		A. STATE Md.		ner e deceoard	B. COUNTY	6	04	
	SEX	7. RACE	8. MARRIED	NEVER MARRIED	C. CITY OR			D. INSIDE CIT			
L	male	White	WIDOWED	DIVORCED	Balt			YE	s N	10 🗆	
9.	JAN 16	1927 10. AGE (lost birthdo	n years If Und Months	er I Yr. If Under 24 Hrs. Doys Hours Min.		N. Broa					
11.	BIRTHPLACE (S	tote or foreign country)		IZEN OF	13. FATHER	SNAME			_		
144		ATION (Give kind of work		IAT COUNTRY? U.S.A. ISINESS OR INDUSTRY	15. MOTHE	AIVS A	4RTHU NAME	IR OT	3		
dor	RETIRE	orking life, even ifretired) SOLD IER	USG	SOVERNMENT	1	LMA		315501			
		O EVER IN U.S. ARME (If yes, give wor or dotes	of service)	7. SOCIAL SECURITY NO.	18. INFORM		11 14 6	ROAD W	DRESS	2/23	,
	19.26 12	higher of		CAUSE OF DEA					APP	ROXIMATE IN	
		OR CONDITION DIRE	CTLY			ic card	iovascu	lar disea	1	er Ortoci A	ino ounity
	(This does no heart failure,	ot meon the mode of do osthenio, etc. It meons the plication which caused de	e diseose,	DUE TO, OR	AS A CONSEQ	UENCE OF:					
CERTIFICATION	DISEASES OF RISE TO THE UNDERLYIN	ITECEDENT CAUSES OR CONDITIONS, IF AN ABOVE CAUSE (A) STA G CONDITION LAST. II IFICANT CONDITIONS C	ONTRIBUTING	(B)(C)	AS A CONSEC	QUENCE OF:					***********
HE		TH BUT NOT RELATED TO CONDITION GIVEN IN F		100 200 20 20 20 20 20 20 20 20 20 20 20							
ll .	20A. DATE OF	OPERATION 20B. CO	NDITION FOR W	HICH OPERATION W	AS PERFORM	ED			21. AUTOF		or No)
MEDICAL	UNDERLYING	NAL CAUSE WAS OR CONTRIB- USE OF DEATH.	22B. PL home,	ACE OF INJURY(e.g., form, foctory, street, office	in or obout 2 e bldg., etc.)	2C. WHERE D	ID (If in Boltim	ore City, give exoc			
Σ		Month) (Doy) (Yea	, , , ,	ILE AT NOT AT W	WHILE CORK	2F. HOW DID	INJURY OCC	CUR?		55	
		ed from: Natural car		Suicident Suicident Market	ASSI	ond that o	Undeterm AL EXAMINER AL EXAMINER	CXXX	j ,	DATE SIGN 25/72	
24	A. BURIAL CREA	AATION, 24B. DATE		NAME of CEMETERY	or CREMATO	ORY 2	4D. LOCATIO	N (City, town,	, or county)	(Sto	ite)
RE	MOVAL (Specif	TULY:	281972 1	TCARMIL				VELLST	BALT	0 M	10.
25	JUL	28 1972 /	25B. NAME C	PF REGISTRATE A		PPEC B		1800 E	LOME	BARD	51
VS	151-REV. 1/1/68		3 6	600 W	1 0	. 0	Ü		1/		

ALCOHOLDS - t t St. LOW IN THE in L. emagraty U.S.A. HANS ANTHOR OTS. ESTONIAN. REFIRED SHIDING DI GOVERNOUT ALMA RABISSOM 185 Was a way 11 KAN OFS IN A BROWD NAY saiv mi · saste TURESPER AT CHERCE CENTERRY C'DEMNELLET BETO 1910 £30,508 L DAME CERTIS ON AROS ELECTIONES !

BALTIMORE	CITY	HEALTH	DEPARTMENT	

72 07112

MEDICAL EXAMINER'S CERTIFICATE OF DEATH STATE OF MARYLAND-DHMH

BIRTH NO.	REG. NO.
1. NAME OF DECEASED	2. DATE Known Manth Doy Year Hour
(Type or Print) DOROTHY BETZ OR JONES	OF DEATH Estimoted D JUly 26, 1972
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET OR INSTITUTION)	PRONOUNCED DEAD July 26, 1972 9:05 A.N 5. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
Baltimore City Hospital (DO	The second of th
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female White WIDOWED DIVORCED	Baltimore YES X NO
9. DATE OF BIRTH 10. AGE (In years 11 Under 1 Yr. II Under 24 Hr Months, Days, Hours, Mit	E. STREET AND NUMBER 213 S. Durham Street
11. BIRTHPLACE (State or lareign country) 12. CITIZEN OF	13. FATHER'S NAME
DETROIT MICH WHAT COUNTRY?	JOB KIRBY
done during most of working life, even if retired) HOUSE WIFE	JOSHE SMITH
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no erunknown) (II yes, give wor or doles of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
2/8-28-202	8 HARRY BETZ 213 S DUR HAM ST
19. 4 CAUSE OF DE	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY	ייים מווע ואווע דייים ווייים
LEADING TO DEATH (A)IMMEDIATE	CAUSE Bronchopneumonia
	AS A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES (a)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, O	R AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	VAS PERFORMED 21, AUTOPSY? (Yes or No)
	Yes
ZZA. EXTERNAL CAUSE WAS 1228. PLACE OF INJURY (e.g.	
UTING CAUSE OF DEATH.	, in ar about 22C. WHERE DID (if in Baltimare City, give exact location) to bidg., etc.)
OF INJURY (APPROX.) WHILE AT THE NO.	T WHILE C
23.	WORK [_]
	utopsy 🛛 and that on this basis, death in my opinion
Tesoried from: Notiful Couses A Accident 5016	
ACTUAL - not 101.	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER X
SIGNATURE MANAGEMENT M.	
EXAMINER'S Marvin S. Platt, M.D.	ASSOCIATE MEDICAL EXAMINER [July 27, 1972
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER'	(only to the county)
BURIAL JULY 281972 MT GARING	L CEMELERY ODONNELL ST BALTO MD
25A. DATE REC'D BY YEALTH DIET. 25B WAME OF REGISTRAL	25C. FUNERAL DIRECTOR ADDRESS
45	DIPPEL BROS INC 1800 E LOMBARO ST
VS 151-REV. 1/1/68	

AUG 18 1980 67 JOHN JOHN STOR MARS!

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16,556,411,567

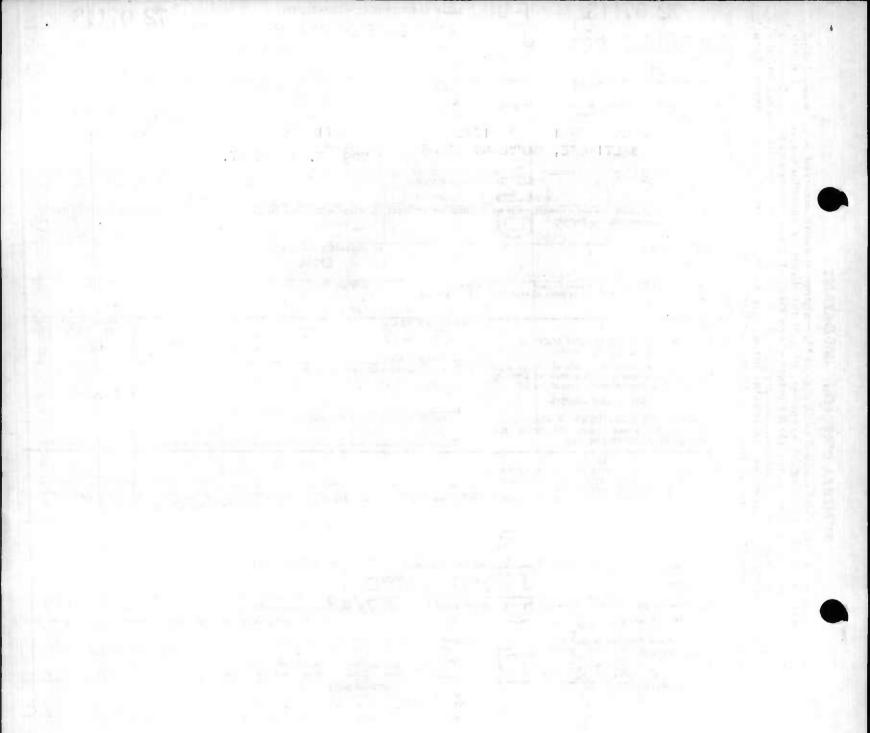
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THE SHARE BUT SHITH

BURNE THE BRITZ HT CHENER TRANSFER CONTINUES OF CHI

DIMER BACK INC 1806 LANGER

72 07113	BALTIMORE CIT	Y HEALTH DEPARTMENT	190	017449
	CERTIFICA	ATE OF DEATH	REG. NO. 72	0/113 .
BIRTH NO.STATE OF MARYTAND			HOUR OF DEATH	
(Type or Pant) ANNIE	3ROWN	7/25	172	15:20 Pm.
3. PLACE IN BALTIMORE, MARYLAND, WHEN	RE PRONOUNCED DEAD	A. STATE B. COUNT	deceased lived. If institution: Y	residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OF ADDRESS OR LOCATIO	OR INSTITUTION, GIVE STREET	MARYLAND		1001
JOHNS HOPKINS		BALT IMORE	D. INSIDE CITY	
/ 2	ARYLAND 21205	E. STREET AND NUMBER] 140 []
BACT (HORE)	AMIEMNO ETEOD	709 E. CHASE	ST.	
T 13	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9.10	ost birthdey 60	der 1 Yr. If Under 24 Hrs.
IOA. USUAL OCCUPATION (Give kind of work 108 fone during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stole or foreig	n country! 12. Cf	TIZEN OF WHAT COUNTRY?
Housewill		S.Ca	slina	U.S. A.
3. FATHER'S NAME	1-	14 MOTHER'S MAIDEN NAM	IE /	
Jam Dun	rklon	EMMA 7	Ville	
5. Wee Deceased Ever in U. S. Armed Forces? Yes, ng. gr. yeknown) (If yes, give war or dates of	service) 1 6- SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
flo		Halter L	www.70	9t. (herest
16.412.21	CAUSE OF DEA	Analysis of the second		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECT		1000	arrhythmie	1 4 1101
(This does not mean the mode of dyl		AUSE V	4	1 spis
heart failure, authenia, etc. It means the injury or complication which caused dec	disease.	CUD		1. 1
ANTECEDENT CAUSES				unimoun
DISEASES OR CONDITIONS, If any	giving (8) DUE TO, OR A	S A CONSEQUENCE OF:		
rise to the above cause (A) sta	ifing the			
11				
OTHER SIGNIFICANT CONDITIONS CONTR				
DISEASE OR CONDITION GIVEN IN PART 1	(A).	120 1	COD IN VIOLENCE	
OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED TO THE T DISEASE OR CONDITION GIVEN IN PART 1 179A. DATE OF OPERATION 179B. CONDITION WAS PERFORM U 21A. ACCIDENT WAS UNDERLYING	MED WHICH OPERATION	Ve5	IN CERTIFYING CAUSES OF	F DEATH?
OR CONTRIBUTING CAUSE OF	21B PLACE OF INJURY (e.g., home, farm, factory, street,	in or obout 210. WHERE DID office bidge INJURY OCCUE?	(If In Beltimore City, g	give exact focotion)
DEATH (notity medical examined	etcal			
OF INJURY (Month) (Doy) (Year) (H	White At Not Wh	21F. HOW DID INJU	RY OCCUR?	
(APPROX)	Work L At Wor	k 📙 📗		
22. I certify that (I) (this hospital) a	ttended the deceased fram	_	9 72 to 7/	25 1972
that (1) (we) last saw the deceased a	live on 7/25		it in (my) (our) apinion de	eath accurred an the date
and hour and from the causes stated	abave. (1) (We) (did) (did-net)	view the body after death.		
23A. SIGNATURE	M, D, Ph.D. A	tending Med. S	_7/6	ATE SIGNED
John B. Well	DEGREE Ph		Stoff Phys.	1/25/72
23C. PHYSICIAN'S NAME (Type)	no Dir	23D. ADDRESS	0.00	
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of C	REMATORY 124D. LO	CATION (City, town,	more non
KEMOVAL (Specify)	2 CONTROL OF CENTETERS OF C	m p	Colly, town	1 control
25A. DATE REC'D BY HEALTH DEPT. 7-10	MAME DE MEGICIPA A A	25C, FUNERAL DIRECTOR	cellelia	ADDRESS .
JUI 28 1972 Draw	NAME OF CHEST	Page #	2. 0-11	-1/9911
VS 150-REV. 1/1/68	47200	- Williams	unea from	E/X/P. TA
,	Æ.	AT AT		



deceased prior to death); and (6) No physician was in regular attendance on the deceased

was D.O.A. at a hospital the body was released

Such

prior to death. attendance

0

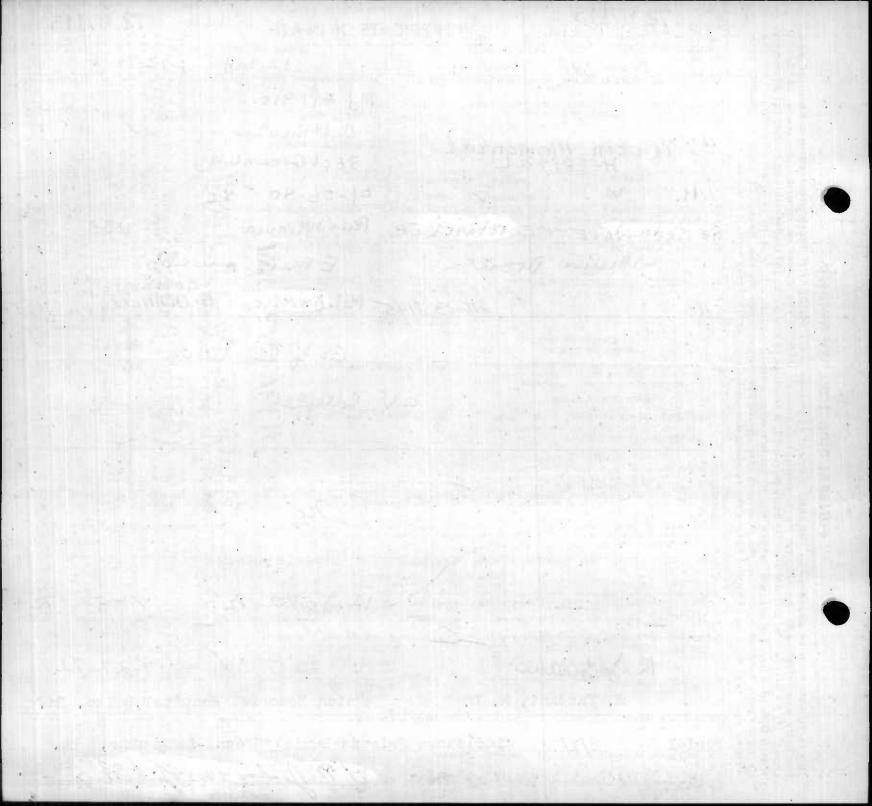
of death a hospital and

mo 051444	BALTIMORE CITY H	EALTH DEPARTMENT		72 07114
72 07114	CERTIFICAT	E OF DEATH	REG. NO	16 01222
BIRTH NO. THE OF MARYLAND DENT			D HOUR OF DEATH	
Type or Print	(AN) S (NOS)	7-20	5-72 9 Pm	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN		. USUAL RESIDENCE (Whe		nstitution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION	ON, GIVE STREET	M.D.		120,
HOSPITAL OR ADDRESS OR LOCATION)		CITY OR TOWN		IDE CITY LIMITS?
UNION MEMORIAL HOSPITAL		BALTIMORE STREET AND NUMBER		YES NO NO
44		3700 N C	HARLES	St.
S. SEX 6. RACE 7. MARRIED	NEVER MARRIED B.	DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hr
F WIDOWED W	DIVORCED	6 - 8 - 89	lost birthdoy)	Months Days Hours Min.
OA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BL		. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTE
one during most of working life, even if retired) HOMEMAKER OWN	HOME	MAKYL	AND	U.S.A.
3. FATHER'S NAME	IFAC 14	. MOTHER'S MAIDEN NA	ME	
3. FATHER'S NAME ALBERT STRUC	, 0, ,	89 ME	LIA GO	EBB
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO.	INFORMANT (C)	201)	ADDRESS ADDRESS
No - 210	11 . 12 . 11	TOHN L. DO	PELLERY	127 ROSEBANK
18. 11 12 31	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY				
LEADING TO DEATH	(A) IMMEDIATE CAUSE	Cordo vasa	las Collay	ta.
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. II means the disease,	DUE TO, OR AS A	ONSEQUENCE OF:	7	
injury or complication which coused death.)				
ANTECEDENT CAUSES	(B) ASHD			
DISEASES OR CONDITIONS, if ony, giving	DUE TO, OR AS A	CONSEQUENCE OF		
rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	(c)			
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	1 to 2 2 to 0 2 7 2 to 0 1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
19A. DATE OF OPERATION 19B. CONDITION FOR WH	ICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
	ACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	/If in Boltimo	re City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) home, etc.)	form, foctory, street, offic	e bldg., INJURY OCCUR?	h in boiling	ony, give exact location,
0	JURY OCCURRED	21F. HOW DID IN	ILIPY OCCUP?	
OF INJURY (APPROX.) While				
Work	At Work			
22. I certify that (this haspital) attended the	deceased fram			26 1972
that () (we) last saw the deceased alive an	7/26	19 7 and th	nat in (dot (our) op	inian deoth occurred on the do
and haur and fram the causes stoted above.	We) (did) (dia nat) vie			
23A. SIGNATURE My 3 dans				23 B. DATE SIGNED
100) grans	Attend Phys.	ing Med.	Staff Phys.	7-27-22
23C. PHYSICIAN'S	DEOREE	D. ADDRESS		
MAHIN YAZDANI	MD	Union 1	Memorial H	Hospital
	E of CEMETERY of CREM			City, town, or county) (State)
REMOVAL (Specify)				
	mount Maus	Leum	Baltimore	ADDRESS
25A. DATE REC'S BY HEALTH DEPT. 25B. NAME OF	non	H.W. Jenkin	s & Sons	Co. 4905 York R
101 lm / "/ " Y / "				

Y? E YAZDANI MAHIN Union Memorial Hospital BURIAL CREMATION, 248. REMOVAL (Specify) DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (Stote) (City, town, or county) Entombment 7/28, 25A. DATE REC'S BY HEALTH DEPT. & Sons Co. 4905 York
Balto., Md. 21212 72 Greenmount Mausoleum Baltimore
258. NAME OF REGISTRAR
25C. FUNERAL DIRECTOR
H.W. Jenkins & Sons VS 150-REV. 1/1/6B



	72 07115	BALTIMORE CITY	HEALTH DEPARTMENT		72 07115	
	TH NO. STATE OF MARYLAND-DH	CERTIFICA	TE OF DEATH	REG. NO	12 07113	
	Brown, H.A. Stan	ley	12,3	Bu Am 7-2	7-72	
	PLACE IN BALTIMORE, MARYLAND, WHERE PRONO LL NAME OF (IF NOT IN HOSPITAL OR INSTIT SPITAL OR ADDRESS OR LOCATION)		Md AP+ 310	Υ	tile ion: residence before odmissi	
4	14 Union Memar		Baltmur E. STREET AND NUMBER		YES NO	
	HOSPITAL		3601 Gree			
5. S	M 6. RACE 7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	AGE (In years ost birthdoy)	Months Doys Hours Min	
	USUAL OCCUPATION (Give kind of work 10B, KIND Of during most of working life, even if retired)	BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUN	
Ri	ETIRED-INVESTMENT-	BANKER	Pennsylvani	20	USA	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM		4	
	William Brow	un	0	Aweb		
5. Yes	Was Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL SECURITY NO.	- Mr. CHARLE	CORI	NWE ADDRESS HE ICH	
1	No.	216-03-8145	- Mrs. CHARLE	NE B. DII	MICCO, 17 D. 191	
	18. / 6	CAUSE OF DEATH	+		APPROXIMATE INTERV	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,	(A) MMEDIATE CAU		lung		
	heort foilure, asthenia, etc. It means the disease, injury ar camplication which coused death.)		A CONSEQUENCE OF	- B 3 1 1		
	ANTECEDENT CAUSES	(B) C.V	. Collapla			
	DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:			
	rise to the above cause (A) stating the UNDERLYING CONDITION last,	(c)				
	11					
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).					
ERTIFIC/	19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FI	NDINGS CONSIDERED	
CAL CE	21A. ACCIDENT WAS UNDERLYING 21B 21B	e, form, foctory, street, of	or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Baltimare	City, give exact location	
EDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E.	INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?		
×	(APPROX.) Wh	ite At Not While				
22. I certify that (I) (this haspital) attended the deceased fram \23.0,3/27 1977 to 7-27 1977.						
	that (I) (we) last saw the deceased alive an		- AM		Ian death accurred an the	
	and haur and fram the causes stated abave. (l) (We) (did) (dld nat) v	iew the bady after death.			
	23A. SIGNATURE				23B, DATE SIGNED	
	X-Jazolan	DEGREE Phys	nding Med. Director	Phys.	7-27-72	
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS			
	K. Yazdani, M.	D. GEGREE	Union Memori	al Hospit	al, Balto. Md.	
24A	BURIAL CREMATION, 24B. DATE 24C. N. REMOVAL (Specify)	AME of CEMETERY of CRE			r, town, or county) (Sto	
Bu		ldletown Fri	ends Burial G	round-Lang	phorne. Pa.	
25A	. DATE REC'D BY HEALTH DEPT. 258. NAME C	OF REGISTRAR	H.W. Jenkins			
	III 28 1972 Frederick Anthon	WEX OF O	H.W.Jenkins	& Sons Co	4905 York 1	
15	150-REV. 1/1/68		0 1	Dalto.,	Md. 21212-	



FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

				BALTIMORE CIT	HEALTH DEPARTA	MENT	PO 00446
1	-325 TH NO.		0711	L6 CERTIFICA		SIVIVIS	72 07116 OF MARYLAND-DHMH
	AME OF DEC		Patrick	William Stake		July, 26, 19	
3.	PLACE IN BAL	TIMORE MARYLAND, V	VHERE PRONC	OUNCED DEAD	A. STATE	CE (Where deceased lived, t B. COUNTY	f institution; residence before admission)
HC	LL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTI	TUTION, GIVE STREET	C. CITY OR TOWN	9 /	NSIDE CITY LIMITS?
0	2X	US Public	Health	Service	Midland E. STREET AND NO	JMBER	YES NO
		1, 3100 Wymai			Paradise		
5. 5	M	Caucasian	7- MARRIED	NEVER MARRIED DIVORCED	9/18/25	9. AGE (In years lost 4gthday)	Months Doys Hours Min.
11		JPATION (Give kind of wor working tife, even if retired)	k 10 B. KINO O	F BUSINESS OR INQUSTRY	11. BIRTHPLACE (Sto	te or foreign country)	12. CITIZEN OF WHAT COUNTRY
13.	Plant Pr	otection	Hercul	es Powder Co.	Md.	DEN NAME	USA
,	Patrick	Wm. Stakem,	Sr.		Thelma Cl	lise	
15.	Wos Deceased	Ever in U. S. Armed Fo	rees? es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	Yes	USAF 1943-	1945	216-22-5227 CAUSE OF DEAT		JS PHS Hospital	, Balto, Moe
ICAL CERTIFICATION	OTHER SIGNIF TO THE DEAT OTHER SIGNIF TO THE DEAT TO SHALL OF TO ALL OF TO A	WAS UNDERLYING TING CAUSE OF medicol exominer	dying, e.g., the disease death.) any, giving slating the state of the terminal rate of the t	(B) DUE TO, OR AS (C) WHICH OPERATION B. PLACE OF INJURY (e.g., me, form, foctory, street, c.;.)	a CONSEQUENCE OF	fes or No) 208. IF YES, WE IN CERTIFYING YES	eumonia a 1 month
MED	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)	w	E INJURY OCCURRED hile At Not Whi	le 🗖	DID INJURY OCCUR?	
	22. I certify that (1) (this hospital) attended the deceased from July 11 19 26 19 19 to 19 19 to 19 19 19 19 19 19 19 19 19 19 19 19 19						
	23A. SIGNATU		0.4		view the body offer	deorn.	23B. OATE SIGNEO
	Chro 23C. PHYSICIA	Km D. U	er, m	DEGREE AM	ending Med. ps. Direct 23D. ADDRESS	or Staff Phys.	7/26/72
	Airthu	r B. Abt Su	rgeon			PITAL, Balto, M	Md.
244	REMOVAL (S			DEGREE	EMATORY		(City, town, or county) (Stote)
25A	Burial	7/29/ BY HEALTH DEPT.		Joseph Ceme	tery	Midland,	Md.
Ul	11 28 19	172 Gridney	who	stone i		Eirhhorn	Ionaconing Md.

VS 150-REV. 1/1/68

Service Services STATE OF THE STATE Market and the second of the Market All the Carting and the Cartin senden makestr , the terminal and the second THE THREE THREE THE PROPERTY NAMED IN THE PARTY WITH A PARTY AND THE PARTY OF THE P TO STAND IN THE STAND OF THE STAND ET SOLIT STATE OF THE STATE OF . In exter fixture 2nd 1946 The state of the s

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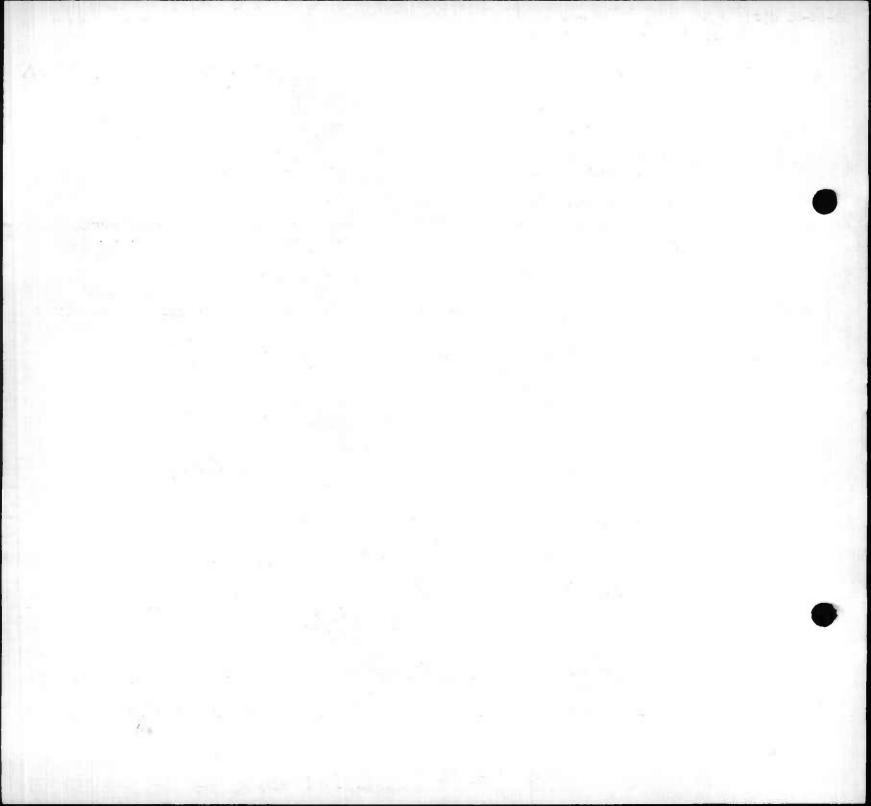
and

a hospital

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

REG. NO.		72	07	117
शास्त्र गार्ज	OTT	MADIT	1 3775	****

jr	P D O MALTIMORE CITY	HEALTH DEPARTMENT
the		TE OF DEATH STATE OF MARYLAND-DHMH
Su	1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
P .	Verna Krzeszewski (Veronica) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where decaded lived, If institution: residence before admission)
death.	WALLER OF THE PROPERTY DEAD	A. STATE & COUNTY
D D	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland 1605
to to	Baltimore City Hospitals	C. CITY OR TOWN D. INSIDE CITY LIMITS?
attendance ior to deat	4940 Eastern Avenue	Baltimore YESXX NO
	Baltimore, Maryland 21224	405 Gusryan Street 21224
8 8	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years , If Under 1 16 . Il Under 24 His.
regule eased is ma	Female Caucasian WIDOWED TO DIVORCED	last birthday) 8/ Months Days Haurs Min.
ece on is	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired)	11. BIRTHPLACE (Stole or loseign country) 12. CITIZEN OF WHAT COUNTRY?
tio d	House Wife	Maryland U.S.A.
was	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
8	Martin Setera	Agnes Lonczak
eath e on al di	15. Was Deceased Ever in U. S. Armed Forces? [Yes,na ar unknown] (If yes, give war ar dates at service) SECURITY NO.	17. INFORMANT 4940 Eastern Avenues
BUE	NO (220-44-7675) 214-12-1833 I	
lan r	18. CAUSE OF DEATE	
pronounced lar attendar ibalmed or f	DISEASE OR CONDITION DIRECTLY	Rable P. O. Endalis
att ne	LEADING TO DEATH	SE Julmanay
ar dar	heart failure, asthenia, etc. Il means the disease.	A CONSEQUENCE OF;
gula	injury or complication which caused death.)	
000	ANTECEDENT CAUSES (B)	ma of largesting Heart Failer
7 _ 8	rise to the above cause (A) stating the	A CONSEQUENCE OF:
s in	UNDERLYING CONDITION last. (C)	***************************************
physician ian was ir e remains	Z OTHER CICALIFICANT CONTRIBUTIONS CONTRIBUTIONS	and of Blatal
cian he re	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	- Design
	19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION	20A AUTORSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
physic fore th	WAS PERFORMED anguera () Rosi	
	The state of the s	ar about 21 C. WHERE DID (If In Boltimare City, give exact lacation)
who do	DEATH Inouty medical examinen	NA
200	21D. TIME (Month) (Day) (Year) (Haus) 21E INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
xcept and (6 btaine	(APPROX.) While At Wark	O NA
b a x	22. I certify that (1) (this hospital) attended the deceased fram	7/13/32 19/20 7/27 19/7
= (2.8)	that (1) (we) last saw the deceased alive an 7/26	19 70 and that in(my) (aur) apinian death accurred on the date
ath at	and have and from the causes stated abave. (1) (We) (did) (did nat) vi	
hospital (e. to death); a	23A. SIGNATURE MO	238, DATE SIGNED
무우금	Phys.	nding Med. Staff 1/27/2
troo o		Saltimbre City Hospitals
pride	Robert Franklin Draper, M.D.	4940 Eastern Avenue Baltimore, Maryband 21224
was D.O.A. at a he deceased prior to written approval n	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OF CREMENTS.	MATORY 24D. LOCATION (City, town, or county) (Stote)
G S e	Burial 7/31/72 St. Stanislaus	Cemetery Baltimore Maryland
as rit	25A. DATE REC'D BY HEALTH PEPT. 25B. NAME OF RESISTRAS	25C. FUNERAL DIRECTOR ADDRESS
\$ Q \$	III 28 1912 Andrey Maron)	M.F. Sadowski & Sons 1808 Eastern Ave
	V\$ 150-REV. 1/1/68	



24C. NAME of CEMETERY or CREMATORY

25B. NAME OF REGISTRAR

MOUNT AUBURN CHIETERY

24D, LOCATION

MORTON & DYETT F. H. 1701 LAURENS

25C. FUNERAL DIRECTOR

(City, town, or county)

ADDRESS

BALTIMORE, MARYLAND

(State)

24A. BURIAL CREMATION.

25A. DATE REC'D BY HEALTH DEPT

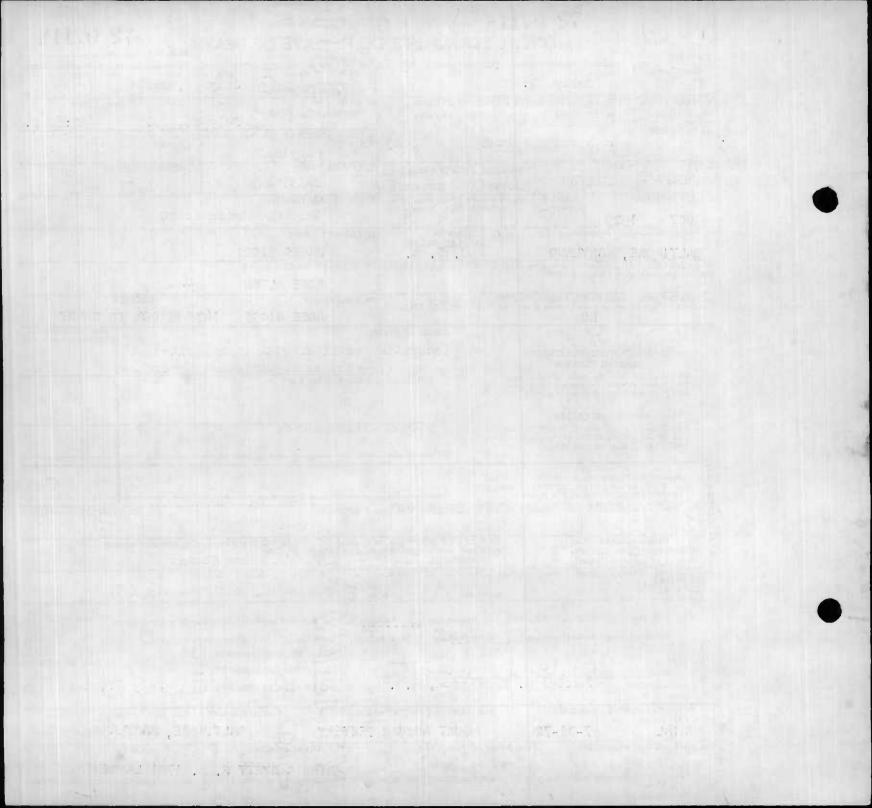
REMOVAL (Specify)

BURIAL

VS 151-REV. 1/1/68

24B. DATE

7-31-72



72 0711 STATE OF MARYLAND-DHMH
BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE

الرائدة	0	+-	4	4	a
72	U	1	1	I.	J

K-523 BIRTH NO.	MED	ICAL E	XAMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO	12 (17119
I. NAME OF DECEA		KNIGHT		2. DATE OF DEATH	Known 🔯	Month July	26, 197	Year	Hour M.
4. PLACE IN BALTIM FULL NAME OF HOSPITAL	ORE, MARYLAND, Y (IF NOT IN HOSPITADDRESS OR LOCA	AL OR INSTITUT		3. DATE PRONO	UNCED DEAD		26, 19	Year	8:50 A. M.
OR INSTITUTION	Lutheran	Hospita	1 (DOA)	A. STATE	Maryland		ed. If Institution B. COUNTY	residence	belare admission)
6. SEX 7. Male	RACE Negro	8. MARRIED)	NEVER MARRIED DIVORCED	C. CITY OR	TOWN Baltimor	e	D. INSIDE CI	TY LIMITS?	по 🗆
9. DATE OF BIRTH APRIL 7, 19		(y) Mon	nder 1 Yr. 11 Under 24 Hrs. ths, Days, Haurs, Min.		3018 W.	North .	Avenue		
MARTINBURG	WEST VA.		CITIZEN OF WHAT COUNTRY? U.S.A	13. FATHER	JAMES E		T		
dane during most of wark	ing life, even if retired)		BUSINESS OR INDUSTR		EMMA BRO				
(Yes, no or unknown) (If	EVER IN U.S. ARMEI yes, give wor ar dates NO	of service)	212-05-8381-A		MANT MABEL KI	NIGHT	3018		NORTH AVE.
heart fatlure, os Injury or compil- ANTE DISEASES OR RISE TO THE ALL INDERLYING	meon the mode of di- thenio, etc. It means the cation which caused de CEDENT CAUSES CONDITIONS, IF AN BOVE CAUSE (A) STA CONDITION LAST.	e disease, ath.) Y, GIVING TING THE	(6)(C)	AS A CONSEC					
DISEASE OR CO	CANT CONDITIONS C BUT NOT RELATED TO ENDITION GIVEN IN P PERATION (208, CO	THE TERMINAL	WHICH OPERATION W.	AS PERFORA	AED			21. AUT	OPSY? (Yes or Na)
ZZA. EXTERNA	L CAUSE WAS	228.	PLACE OF INJURY(0.g.,	In ar obout	22C. WHERE DID	(if in Baltimot	e City, give exc	ct location)	No
UNDERLYING CAUSE Z2D. TIME (Mo OF INJURY (APPROX.) 23.		r) (Hour)			22F. HOW DID IN	JURY OCCI	JR?		
1 certify	from: Notural causes Marvin	Carre	Suicident Suicident M.D.	ASS:	ond that on to micide Chief Medical STANT MEDICAL DCIATE MEDICAL	Undetermin EXAMINER EXAMINER	ned manner [DATE SIGNED
24A. BURIAL CREMA REMOVAL (Specify) BURIAL	7-29-7	2	MOUNT AUBURN	CEMETE	RY		HORE, MA		
25A. DATE REC'D BY	HEALTH DEPT,	258. NAM	OF REGISTRAR		ON & DYET			DDRESS	

Take 2 7-2-71 Soft work as they are those, with the THE BELL WITH A PRINCE OF THE PARTY OF THE P

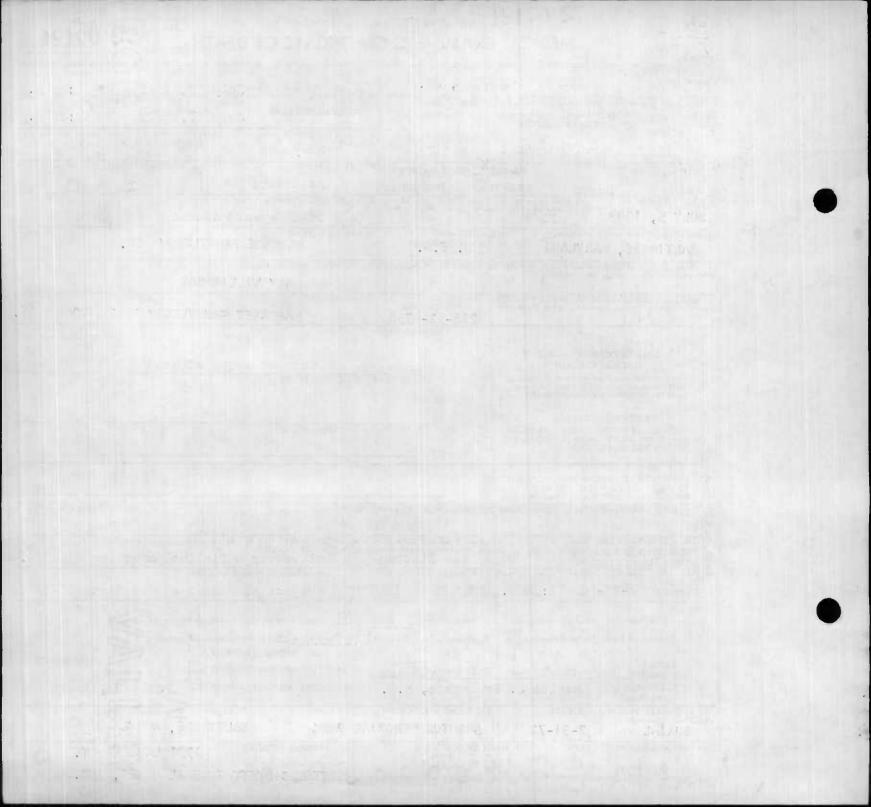
C-600 72 07120 STATE OF MARYLAND-DHIME

72 07120

6-600	ME	DICAL E	XAMINER'S	CERTIFIC	CATE OF	DEAT	H REG. NO		77120
BIRTH NO.	CASED			DATE	Known XX	14 4	-	V	Tu
(Type or Print)	Lorenzo Gr	ay		2. DATE OF DEATH	Estimoted	Month 7	26	72	Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			3. DATE		Month	Doy	Yeor	Hour '	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION (GIVE STREET ADDRESS OR LOCATION)					SIDENCE (When	7	26	72	1:10 a,
33	Johns Ho	pkins Ho	spital	A. STATE Md.		e deceosed ii	B. COUNTY	/	801
6. SEX	7. RACE	B. MARRIED	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE C	ITY LIMITS?	
male	Negro	WIDOWED	DIVORCED C	Balt			1	ES X	NO 🗌
9. DATE OF BIRTI	lost birth	(In years If L day) Moi	Inder 1 Yr. If Under 24 Hrs. oths: Doys: Hours: 1 Min.		ND NUMBER				
MAY 15	1948 24) 12	CITIZEN OF	13. FATHER	5 W. Faye	ette Si	reet		
			WHAT COUNTRY?		RNEST GRA	V			
4A.USUAL OCCU		rk 14B. KIND OF	U.S.A. BUSINESS OR INDUSTRY						
done during most of v	vorking life, even ifretire		CE OFFICER	IR.	ABEL GRAY	,			
	ED EVER IN U.S. ARM	ED FORCES?	17. SOCIAL	1B. INFORM			A	DDRESS	
YES	(If yes, give wor or dot	es of service)	579-58-8834	SA	NERA GRAY	230	2 VEVAD	A STRE	ET
19.	1 16 I Y		CAUSE OF DEA						PPROXIMATE INTERVA
DISEAS	E OR CONDITION DI	RECTLY	Shot	gun wou	nd of che	est		52,1	•
	LEADING TO DEATH		(A)IMMEDIATE C	AUSE					
heort foilure	ot meon the mode of , osthenio, etc. It meons	the disease,	DUE TO, OR	AS A CONSEQ	UENCE OF:				
injury or con	nplication which coused	deoth.)							
DISEASES OF THE UNDERLYIN	NTECEDENT CAUSES OR CONDITIONS, IF A E ABOVE CAUSE (A) S NG CONDITION LAST	TATING THE	(C)	AS A CONSEC	UENCE OF				
O THE DEA	II RIFICANT CONDITIONS ATH BUT NOT RELATED CONDITION GIVEN IN	TO THE TERMINA							namente anno en
20A. DATE OF	OPERATION 20B. C	ONDITION FOR	WHICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes or No)
1									yes
UNDERLYING UTING CA		eor) (Hoyr)	PLACE OF INJURY (e.g., e., farm, foctory, street, office Restaurant 22E. INJURY OCCURRED	2	Holiday :	Inn- 30	000 Pula	aski Hg	
(APPROX.)	7 25 72	10.201	WHILE WINTY INDI	ORK	Subject	snot w	nile app	prenenc	ling suspe
23.	16. Ab - A 1 1 - 1 1	P .	1			the best	1 4		
		Inquiry 📙	Inspection Au	_	and that on t				
result	rea tram: Natural	auses //	Accident Suicid	_	HIEF MEDICAL		med manner		
ACTUAL		1/1/1)	nulli		STANT MEDICAL		xX		DATE SIGNED
SIGNATI		ter Link	covic, M.D.		CIATE MEDICAL		ī	7	7/26/72
NAME (1		жет птр	.0710, 11,10	A330	CIAIE MEDICAL	EXAMINER			
24A. BURIAL CRE! REMOVAL (Speci		2	4C. NAME of CEMETERY	ar CREMATO	RY 24D.	LOCATION	City, tow	n, or county) (Stote)
BURIAL	7-29		HARMONY CEM				TON, D.		
25A. DATE REC'D	P. R 1072	1 258 NAM	E OF REGISTRAR		QTON & DA			ADDRESS	FNS ST
JUL	NO IJIE			13,111	TION G D	-11 1	11. 1/0	LAUN	E140 01.
'S 151-REV. 1/1/68	1187	010						-	

2 3 A .. Ciban Legitan II miletella DAT U. EAGGERS ENDES ANTE ASSING tweeting, Mast, Vigothat U.S.A. vaen illige to beingen ger ge to FEB. EL SON EN EN LA LA SANTE DE LA PROPERTIE LA LA PROPERTIE DE LA PROPERTIE Charles to the party of the same of the sa 對語 建物性的 八世 安保区 实现证明 To be to the transfer of the compact purpose of the compact of the BENEFIT THE TAXABLE TO THE TOTAL OF THE TAXABLE TO AND DEPRESENTED IN STREET S. II. STREET ST. LANGER ST.

72 0718TATE OF MARYLAN BALTIMORE CITY HE	D_DHMH ALTH DEPARTMENT					
#534 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 72 07121					
NAME OF DECEASED HORACE FAUNTLEROY, JR.	2. DATE Known Month Doy Year Hour OF DEATH Estimated July 27, 1972 12:15 A.M.					
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD July 27, 1972 12:15 A.M.					
Sinai Hospital	A. STATE Maryland B. COUNTY 7 7 8					
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR FOWN Baltimore D. INSIDE CITY LIMITS?					
Male Negro WIDOWED DIVORCED DIVORCED UP. DATE OF BIRTH 10. AGE (In years of Under 1 Yr. If Under 24 Hrs. JULY 5, 1949 23 Months Doys Hours Min.	E. STREET AND NUMBER					
BALTIMORE, MARYLAND 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME HAORACE FAUNTLEROY SR.					
4A.USUAL OCCUPATION (Give kind of work! 148. KIND OF BUSINESS OR INDUSTR lone during most of working kile, even firetired)	Y 15. MOTHER'S MAIDEN NAME MARY WILL IAMSON					
6. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no ar unknown) (If yes, give wor or doles of service) 17. SOCIAL SECURITY NO. 216-52-4758	MARGARET FAUNTLEBOY 3802 HAYWARD ST.					
Injury or complication which coused death.) ANTECEDENT CAUSES (B)	AS A CONSEQUENCE OF:					
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No) Yes					
22A. EXTERNAL CAUSE WAS UNDERLYING XOR CONTRIB- UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or about 12CC. WHERE DID (il in Soltimore City, give exact location) Belevedere & Pinlico ''American Gas Sta. 22F. HOW DID INJURY OCCUR? 22F. HOW DID INJURY OCCUR? 22F. HOW DID INJURY OCCUR? 23. 23. 22B. PLACE OF INJURY (e.g., in or about 12CC. WHERE DID (il in Soltimore City, give exact location) 22C. WHERE DID (il in Soltimore City, give exact location) Belevedere & Pinlico ''American Gas Sta. 22F. HOW DID INJURY OCCUR? 22F. HOW DID INJURY OCCUR? Subject attendent at Gas Station - show the state of the soltimore City, give exact location) 22D. TIME (Monith) (Doy) (Year) (Hour) 22E, INJURY OCCURRED. AT WORK Subject attendent at Gas Station - show the state of the soltimore City, give exact location) 22F. HOW DID INJURY OCCUR? Subject attendent at Gas Station - show the state of the soltimore City, give exact location) 22F. HOW DID INJURY OCCUR? Subject attendent at Gas Station - show the state of the soltimore City, give exact location)						
	de Hamicide Mundetermined manner DATE SIGNED ASSISTANT MEDICAL EXAMINER					
24A. BURIAL CREMATION, REMOVAL (Specify) BURIAL 7-31-72 ARBUTUS MEMOVAL						
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR 1701 LAURENS ST.					
VS 151-REV. 1/1/68 8 6 4 / 1	MORTON & OVETT FUNERAL HOMES, INC.					



pital and of death Such Deceased no a hospital attendance (2) cause (4) Undetermined cause; 0 prior contributing occurred is made. 10 regul deceased Ξ. isposition death 0 MOS the direct := assistant death on U kind; final attendance any pronounced OF embalmed fracture of examiner 9 regul who are 4 2 physician chief medical remains Was a medical **Body burns;** physician the the before the any nature; (2) where to the hospital °Z obtained 9 approved (except and be jo a hospital death) certificate must be the body was released must An accident 40

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was D.O.A.

O

shows: (1)

BALTIMORE CITY HEALTH DEPARTMENT 72 07122 CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH HAR 4. USUAL RESIDENCE (Where deceased lived, II institution; residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BAUTIMORE, MARYLAND, WHERE PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) MARYLAND FULL NAME OF HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? Bon Secours HospITAL YES 🔀 ALTIMORE NO [12025 W. Fayette STREET STREET AND NUMBER BALTIMORE 00 EE 9. AGF (In years 8. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. NEVER MARRIED Hours lost birthdoy 13-WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Work a 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FRANK Washington

15. Was Deceased Ever in U. S. Armed Ferces?

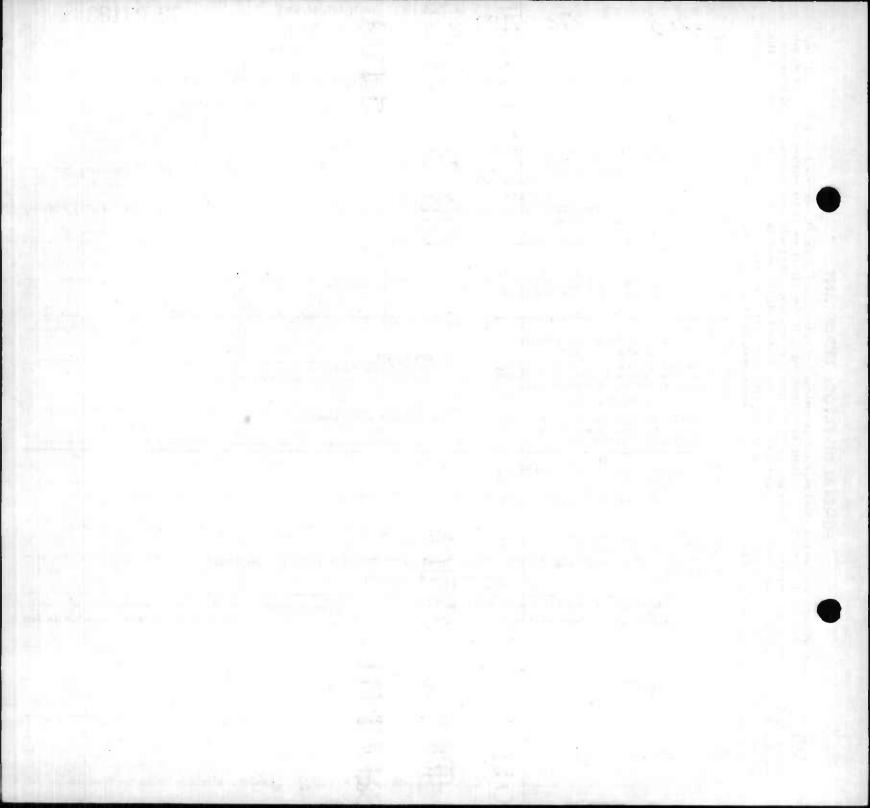
(Yes, no or unknown) (If yos, give wor or dates of service) MOVGOY 17. INFORMANT 6. SOCIAL ADDRESS SECURITY NO. MAN 18. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not meen the made of dying, e.g., DUE TO. OR AS A CONSEQUENCE OF: heart foilure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208 IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 218 PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF (II in Baltimore City, give exact location) MEDICAL DEATH (notify medical examined 21D. TIME (Month) (Doy) (Year) (Hour) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that 🕼 (this haspital) ottended the deceased from... 23 24 1972 that (M) (we) lost saw the deceased alive on____? 19.72 ond that in (my) (our) opinion death accurred on the date and hour and from the couses stated above. (If (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Med. Staff approval Phys. Director DEGREE 23C. PHYSICIAN'S prior 23D. ADDRESS NAME (Type GEGREE 24A. BURIAL CREMATION, eceased 24B. DATE 24C. NAME OF CHMETERY OF CREMATORY 24D. DOCATION (City, town, or county) REMOVAL (Specify) (State) 2

written 259. FUNERAL DIRECTO 258 NAME OF REGISTRAR HEALTH DEPT. ADDRESS The state of the s

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

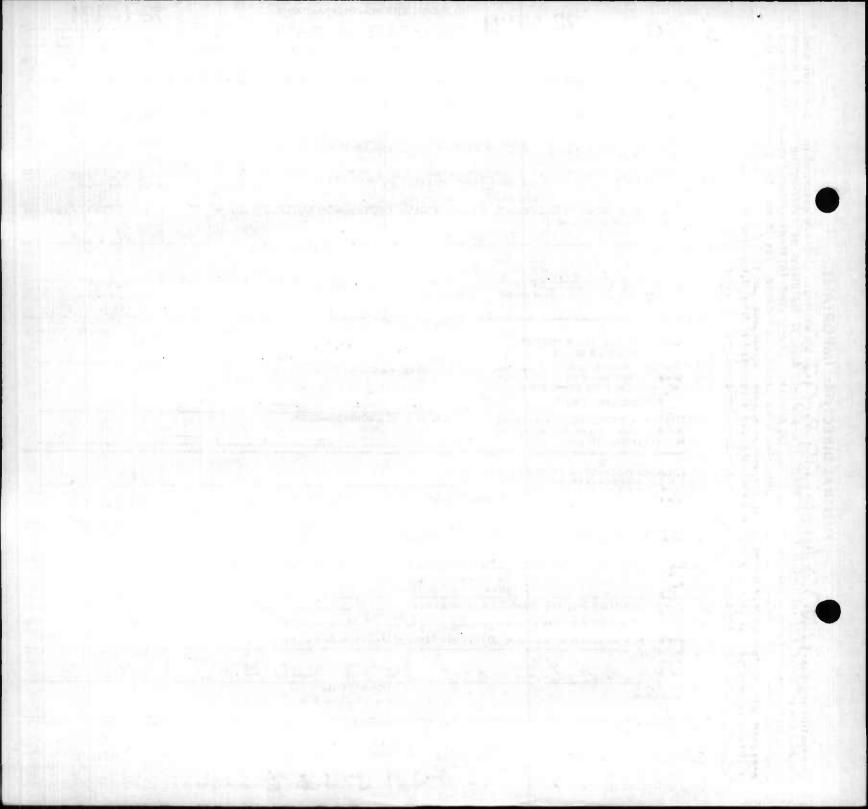
BALTIMORE CITY	HEALTH DEPARTMENT 72 07123						
5-160 72 07123 CERTIFICA	TE OF DEATH REG. NO. 72 U / 123 STATE OF MARYLAND-DHMH						
I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH						
(Type or Print) Schreffer, Gronge	July 20, 1972 3:30 pm						
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, It institutions residence before admission) A, STATE B, COUNTY						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	MARYland BAltimore 5300						
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
1/1/ Union Memorial Hospital	BROOKland VILLE YES NO BY						
1/ 3301 (). CALVERT STREET	E. STREET AND NUMBER						
BALTIMAR, INC. LINE	GREENSPRING Valley Koad						
MAKIGED IN MEYER MAKIGED	8. DATE OF BIRTH (J. AGE (in years 70 If Under 1 Yr., If Under 24 Hrs., Manths; Doys Hours; Min.						
Male while widowed Divorced	3-4-02 7648						
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired)							
RETIRED	MARYLAND U.S.A.						
	14. MOTHER'S MAIDEN NAME						
PONTET COHNEFER (D)	Shugh trank ()						
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS ADDRESS						
11/10 11/20 1/20	Mus Mallie Al Salacho Reach I. A						
18. W CAUSE OF DEATH	APPROXIMATE INTERVAL						
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH						
LEADING TO DEATH	TOPTURE OF ABBUNAL						
(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. it means the disease,							
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)							
ANTECEDENT CAUSES IN PARTION							
DISEASES OR CONDITIONS, if any, giving DUE 10, OR AS A CONSEQUENCE OF:							
rise to the above cause (A) staling the							
	A STATE OF THE STA						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING FOR THE PEACH BUT NOT PER AFER TO THE TERMINAL FOR THE PEACH BUT NOT PER AFER TO THE TERMINAL							
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A].	18946N 10N						
2 19A DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION	20A AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
E WAY 20, 1972 WAS PERFORMED OF ABD. ANDINIST	1. YES						
OP CONTRIBUTING TICALISE OF home, form, foctory, street, of	n or about 2TC, WHERE DID (If In Baltimore City, give exect location)						
BEATH (notify medical examined)							
OF INJURY (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
(APPROX.) While At Work At Work	· 🗆						
22.1 certify that (i) (this hospital) attended the deceased from	10H 20 19 72 10 July 20 19 72						
that (i) (we) last sow the deceased alive on July 20	19 22 and that in (my) (our) opinion death occurred on the date						
ond hour and from the couses stoted bove. (i) (We) (did) (did not) v	1238, DATE SIGNED						
N M/c All Allo							
DEGREE	nding Director Phys. Director Director Phys. Director Director Phys. Director Direct						
23C. PHYSICIAN'S NAME IType!	1 21 21 21 21 21 21 21 21 21 21 21 21 21						
DECREE							
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRE	MATORY 24D. LOCATION (City, town, or county) (Stote)						
Durial Just41972 xulerswall	LES THURS VINGENEROUSE COSTO MAN						
25A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS						
JUL 28 1972 Dedry Mary 1	Market St. / lenell Juleanile 8 12						
VS 150-REV, 1/1/68	70 1 2 %						



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

G-000 72 07124 CERTIFICATE OF DEATH X REG. NO. 72 07124	
STATE OF MARYLAND-DHME	
1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH	-
(Typo or Print) (DUE JENNE) 1/25/72 1/125/72	M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE Where deceased lived, Il institution: residence before admissi	
M.D. GEN. MUSITIFE	X
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) IC. CITY OR TOWN ID. INSIDE CITY LIMITS?	_
The state of the s	
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(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease,	
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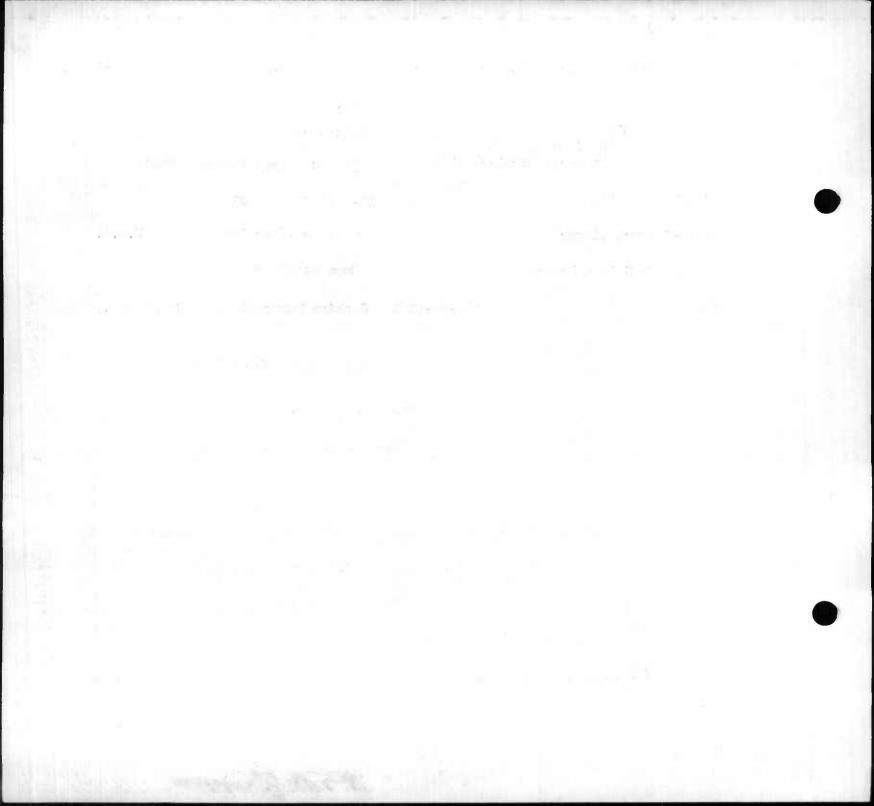
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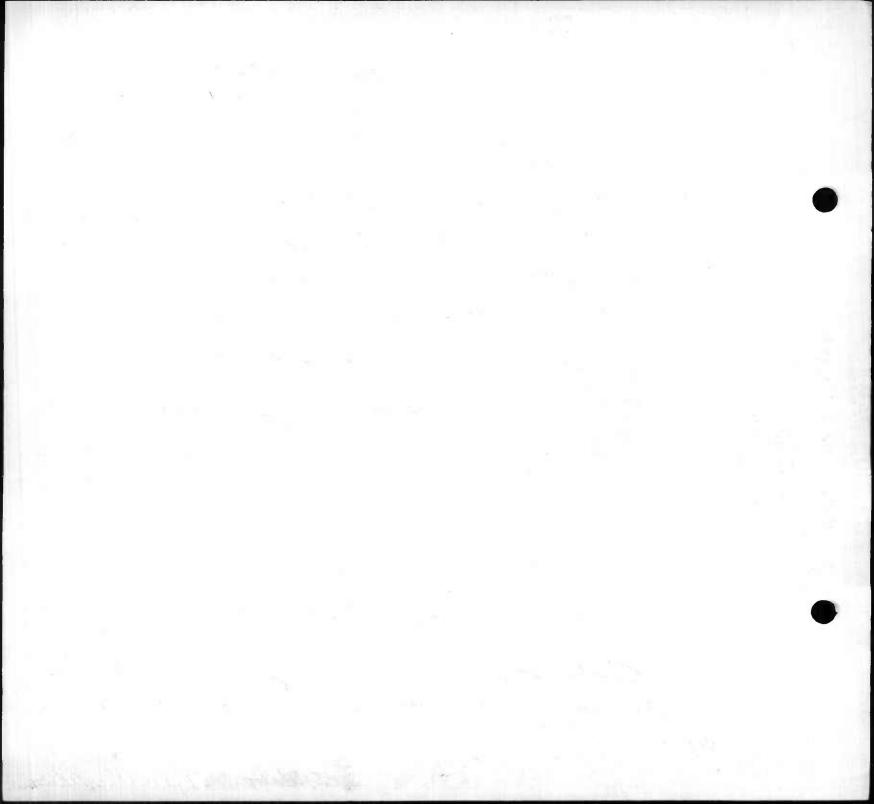
BALTIMORE CITY HEALTH DEPARTMENT 72 07125 CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 7-24-72 P.M Miss Emma Irene Kenney 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission)
A. STATE
B. COUNTY Md. (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR C. CITY OR TOWN INSTITUTION D. INSIDE CITY LIMITS? Jenkins Memorial Hospital Baltimore YES T NO 1000 Caton Avenue E. STREET AND NUMBER Baltimore, Maryland 21229 21215 3500 Callaway Avenue is mad 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In years Il Under 1 Yr. Manths! Days MARRIED NEVER MARRIED If Under 24 Hrs. birthdoy Female White WIDOWED DIVORCED 11-30-1878 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)
Nurse-Concert Singer disposition U.S.A. Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward McGolgan Kenney Emma Stembler 15. Was Deceased Ever in U. S. Armed Forces? (Yes, na ar unknawn) (If yes, give war or dates of service) 6. SOCIAL 17. INFORMANT ADDRESS final SECURITY NO. 216-54-5271 gular attendance embalmed or fina Jenkins Memorial 1000 Caton Ave., 21229 Unknown CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH DUE TO, OR AS A CONSEQUENCE OF: (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the remains UNDERLYING CONDITION last OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). the 19A. DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED before OR CONTRIBUTING CAUSE OF 21& PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID home, form, lactary, street, affice bldg., INJURY OCCUR? (Il in Baltimare City, give exact location) MEDICAL DEATH (notify medical examined) obtained 21 D. TIME (Day) (Year) 21F. HOW DID INJURY OCCUR? 21 E INJURY OCCURRED OF INJURY Not While While At (APPROX) 22. I certify that (1) (this hospital) attended the deceased from. 7/24 1977 that (I) (we) lost saw the deceased alive on...and that in (my) (aur) opinion death occurred on the date must and haur and from the causes stated abave. (1) (We) (did) (didenat) view the body ofter deoth. 238 DATE SIGNED Attending [Med. Staff approval Phys. Director 23C. PHYSICIAN'S 23D. ADDRESS

24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, tawn, ar caunty) (State 25A. DATE REC'D-BY HEALTH DEPT. 25C-PUNERAL DIRECTOR VS 150-REV. 1/1/68



VS 150-REV. 1/1/68

	5-365 72 07	BALTIMORE CITY	HEALTH DEPARTMENT	X	72 07126		
	BIRTH NO.	120 CERTIFICA	TE OF DEATH	REG. NO.	MARYLAND-DHMH		
	1. NAME OF DECEASED	0 /	2. DATE AN	HOUR OF DEATH			
	3. PLACE IN BALTIMORE, MARYLAND, WHERE P	7-24-72 deceosed lived. Il institu	Plion: residence before admission)				
	FULL NAME OF (IF NOT IN HOSPITAL OR HOSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MARY AND		5300		
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7	1400 John 5d.		E. STREET AND NUMBER	10 0-1			
8	5. SEX 6. RACE 7. MAI	RRIED NEVER MARRIED	8. DATE OF SIRTH	AGE (in yours If must birthdoy)	Under 1 Yr., If Under 24 Hrs.		
5		OWED DIVORCED	8/16/84	87	onths Doys Hours Min.		
	10A. USUAL OCCUPATION [Give kind of work 10B, KII done during most of working life, even if refired)	ID OF BUSINESS OR INDUSTRY	11. 8IRTHPLACE (Stote or foreign	n country)	2. CITIZEN OF WHAT COUNTRY?		
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20	1120/2 Taile		MOTHER'S MAIDEN NAM				
5	15. Wos Deceased Eyer in U. S. Armed Forces?	16. SOCIAL	LAURA 17. INFORMANT	Miles.	ADDRESS		
	(Yos, no or unknown) (If yes, give wor or dotes of set	vice) SECURITY NO.	0-/	3			
5	18, 2/ 2 3	CAUSE OF DEATH	Hamission) Record	APPROXIMATE INTERVAL		
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	(This does not mean the made of dving	e.g., (A) IMMEDIATE CAU	SE CULTURE CUT	time and dead	(yes)		
	heart foilure, asthenia, etc. It means the dis injury ar complication which caused death.)	ease,					
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5	DISEASES OR CONDITIONS, if any, grise to the above cause (A) stoling	iving DUE TO, OR AS	A CONSEQUENCE OF:				
	UNDERLYING CONDITION last.	(c)	***************************************				
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING					
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5	C DEATH (notify medical examined)	etc.)					
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5	23C. PHYSICIAN'S	DEGREE Phys.	Director Director	hys.	7/26/2		
	23C. PHYSICIAN'S NAME (Type)	MA NE NO	3D. ADDRESS	1	2001		
2	24A. BURIAL CREMATION, 24B. DATE 1970 2	DEGREE	MATORY 24D, LO	CATION (City, to	own, or county) (Stote)		
	REMOVAL (Specify)	tenning Dont,	Burn to 1	Vandelle	Val.		
	25A, PATE REC'D BY HEALTH CEPT. 25B, NA	ME OF REGISTRAR	25C. PHINERAL DIRECTOR	or alling	ADDRESS)		
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EDIC	UNDERLYING UTING CA	OR CON	TRIB-) (Hour	WHILE AT NO		OCCUR?				
	23. I cert	ify that I he	eld an I	nguiry [Inspection XX A	utapsy and	i that an ti	his basis,	death in my	apinion	
	result	ted from: N	otural cou	KX Ass	Accident Suic	de Homicid	ie 🗆	Undetermi	ned manner		
	16301	-	P	1	Accident _		MEDICAL E				
	ACTUAL)	8/	111	MILLE				XIXI		DATE SIGNED
	SIGNATI	JRE	14/		M.	D.	MEDICAL			7	126 172
	EXAMIN NAME (1	ER'S Pet	er Lip	kovic	, M.D.	ASSOCIATE	MEDICALE	XAMINER		//	26/72
	A. BURIAL CREA	MATION, 2	4B. DATE		24C. NAME of CEMETER			LOCATION		n, or county)	(Stote)
	Bur	ial	8/1/7	2	Arbutus M	lem. Park	A	rbutu	is Mary	land	
25/	A. DATE REC'D	BY HEALTH	DEPT.	25B. N	AME OF REGISTRAR	25C. FUNER	AL DIRECTO	OR	A	ADDRESS	
	JUL	28197	2 %	dye	Sulveton	Charl	es A.	Rice	1300	Eutaw	Place
VS	151-REV. 1/1/68	3		1/	7: 6 4	5 5					/

Signat The rest Life the visit a second time to the second time of the second Marie William Clare Const on No.

24C. NAME of CEMETERY or CREMATORY

25B NAME OF REGISTRAR

Mt. Auburn Cemetery

25C. FUNERAL DIRECTOR

7/20/72

24D. LOCATION (City, tawn, or county)

Charles, A. Rice 1300 Eutaw Blace

Westport , Baltimore, Md.

ADDRESS

NAME (Type)

25A. DATE REC'D BY HEALTH DEPT.

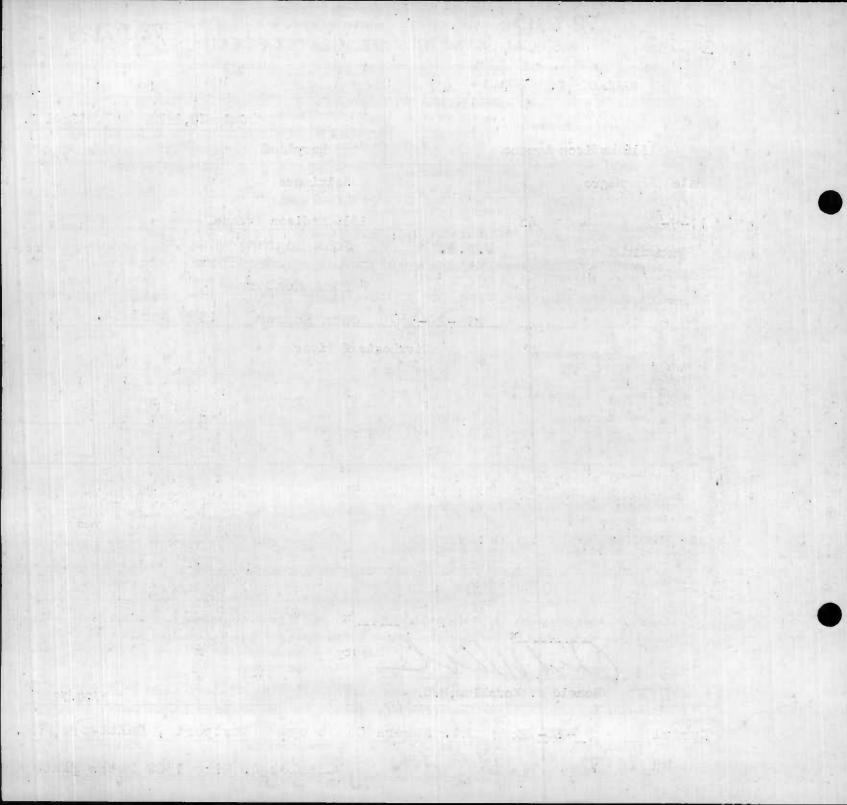
24B. DATE

24A. BURIAL CREMATION,

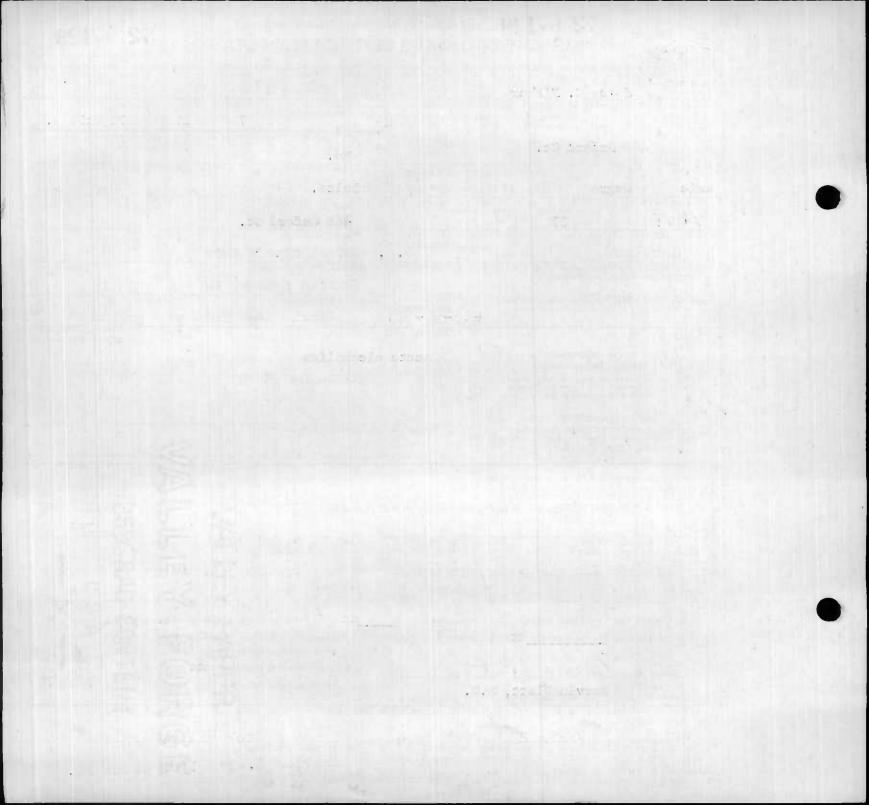
REMOVAL (Specify)

Burial

VS 151-REV, 1/1/68



24A. BURIAL CREMATION, 24C. NAME of CEMETERY or CREMATORY 24B. DATE 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Cooksville, Maryland Burial Bush 25 A. DATE REC'D BY HEALTH DEPT! 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Charles A. Rice 1300 Eutaw Pl. VS 151-REV. 1/1/68



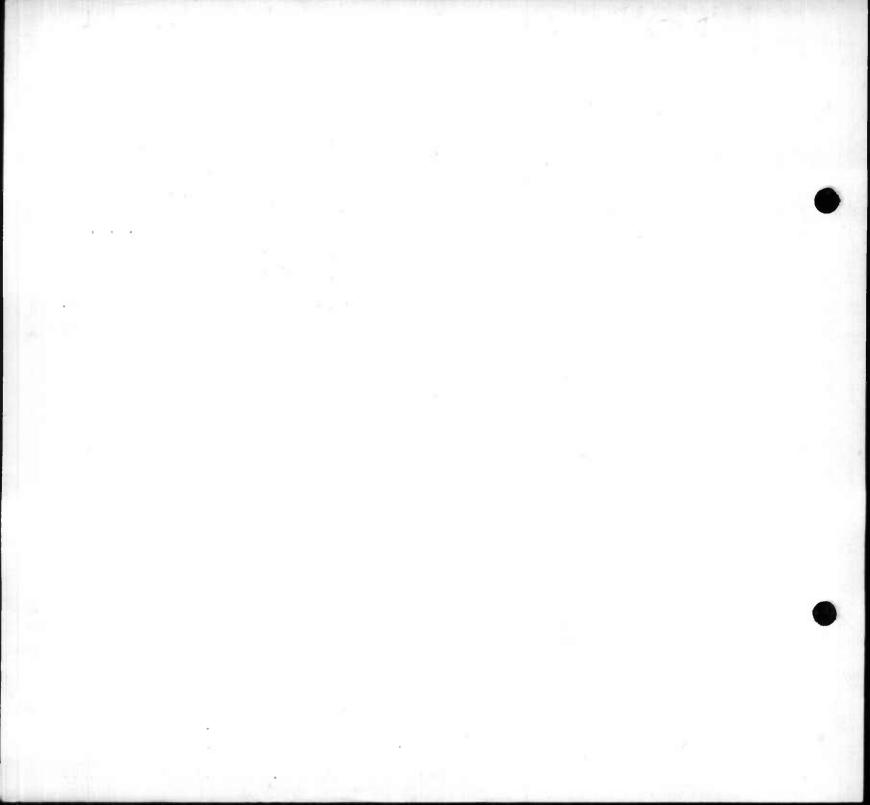
1	11/1-630	HEALTH DEPARTMENT 72 07130
s a th	BIRTH NO. CERTIFICA	TE OF DEATH STATE OF MARYLAND-DHMH
Sade	(Type of Print) ELIZABETH WARD	2. DATE AND HOUR OF DEATH
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceased lived, Il institution: residence before admission) A. STATE B. COUNTY
de (5)	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARGLAND 2201
cause; attendior to	INSTITUTION	C. CITY OR TOWN BALTIMORE D. INSIDE CITY LIMITS? YES NO
·	UNIVERSITY HOSPITAL	E. STREET AND NUMBER
0 0 0	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF SIRTH 19. AGE (In veors If Under 1 Yr. If Under 24 Her
ermir regul eased is ma	FEMME BLACK WIDOWED DIVORCED	1/9/07 last birthday Months Doys Hours Min.
in r	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	
Und Und as i	HOUSEWIFE	UNKNOWN USA
t × ×	enknown	4. MOTHER'S MAIDEN NAME UNKNOWN
	15. Wes Deceosed Ever in U. S. Armed Ferces? 16. SOCIAL	7. INFORMANT ADDRESS
古みるらに	SECURITY NO.	PATIENT
any ced nda	18. CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Also e of noun atte	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	SEPTIC Shock 8hrs
ar on bair	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc., it means the disease, injury at camplication which caused death.)	CONSEQUENCE OF:
age and		ERAL PNEUMONIA 24hrs
× A × A × A × A × A × A × A × A × A × A	DISEASES OR CONDITIONS, if any, giving nise to the above cause (A) stating the	CONSEQUENCE OF:
an in	UNDERLYING CONDITION last. (C)	***************************************
dica urns; ysici was mai	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	LE MALNUTRITION + DEHYDRATION
y by phi	DISEASE OR CONDITION GIVEN IN PART 1 (A).	
Bod Bod the ysic	19A. DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
tal by b; (2) B here t No phy before	OR CONTRIBUTING CAUSE OF hame, factory, sheet, offi	or obout 21 C. WHERE DID (If In Boltimore City, give exoct location) se bidg, INJURY OCCUR?
G - 3 - B	DEATH Inotify medical examines etc.) O 210-TIME (Month) (Doy) (Year) (Haus) 21E INJURY OCCURRED	
hos natu d (6) aine	OF INJURY IAPPROX.) While At Not While At Work At Work	21F. HOW DID INJURY OCCUR?
로 > X 등 호		7/22 19 72m 7/26 10 77
far of ar of ar of ar	that (1) (we) last saw the deceased alive an 7/22	19 7 2 and that in (my) (ow) opinion death accurred an the date
sed spite eat ust	and haur and from the causes stated abave. (1) (We) (dld) (did not) via	w the bady after death.
hoi hoi m	Houl Donalas Light mas Attende	ling Med. Shoff D
s re	100C Buyer of Aana	D. ADDRESS
y was r 1) An a 3.A. at d prior approv	PAUL DOUBLAS LIGHT M.O. DEGREE	UNIVERSITY HOSPITAL
od: O.G.	24c. NAME of CEMETERY OF CREW 7/29/72 Mt. Calvary Cem	(Siele)
shows: (i was D.O decease written	25A. DATE REC'D BY HEALTH PEPT. 25B. NAME OF REGISTRAR	Brooklyn, Maryland 25C. FUNERAL DIRECTOR ADDRESS
##393	JUL 28 1972 Tresvey Shirton	Charles A. Rice 1300 Eutaw Place
	VS 150-REV. 1/1/68	

ELIZABETH WARD

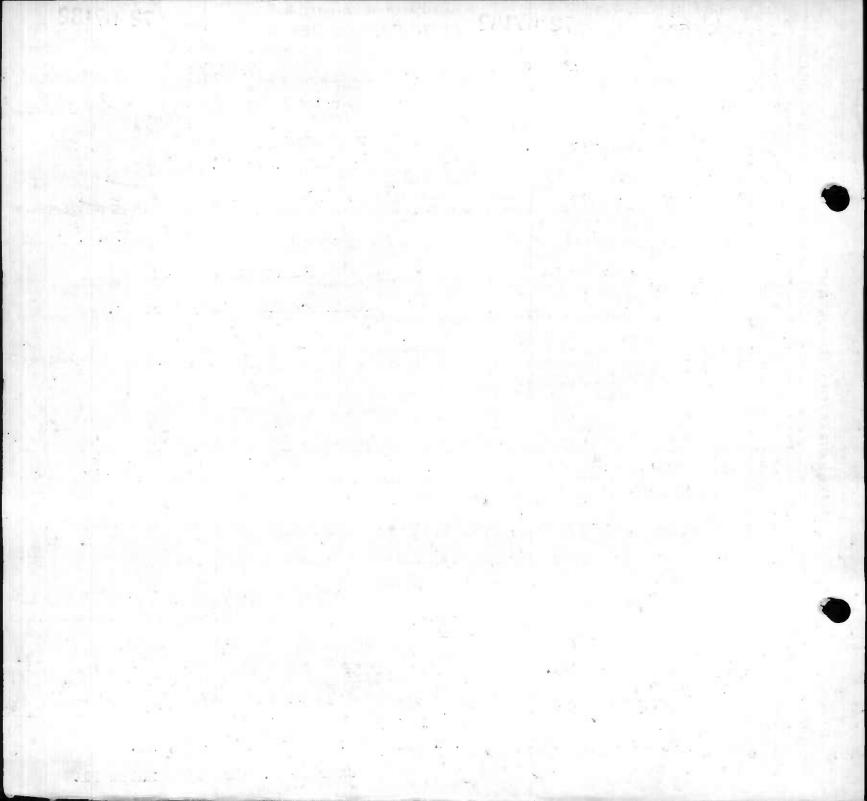
7/26/72 1045 A

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was B.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

Bil	D 250 72 07131		TE OF DEATH	REG. NO. TATE OF MARYLAND DHMH				
	NAME OF DECEASED (Pe a) Print! LELA DIXAN		2. DATE AND HO	OUR OF DEATH				
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (Where dec	JULY 25/72 M. eosed lived. If institution: residence before admission				
HOIN	JLL NAME OF OSPITAL OR INSTITUTE ADDRESS OR LOCATION		A. STATE B. COUNTY MARY CAND C. CITY OR TOWN BALTIYORE	D. INSIDE CITY LIMITS? YES NO				
	UTHERAN HOSPITAL OF M	ARG LAND	W. FRANKLIN	ST. 2646				
	F BLACK WIDOWED	NEVER MARRIED DIVORCED	7-1-1407	E (In years If Under 1 Yr. If Under 24 Hrs. If Under 24 Hrs. Min.				
don	A. USUAL OCCUPATION (Give kind of work 108, KIND OF Bine during most of working life, even if refired)	JSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of foreign co South Carolina	U.S.A. CUNTRY?				
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
	Simms Johnson		Mary Booser					
15. (Ye	Was Deceosed Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor of dotes of service)	SECURITY NO.	Rebecca Oliver	r 2646 Franklin St.				
ATION	LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failure, asthenio, etc. If means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	101 SEPTI	CARD 10 RESPIRATION A CONSEQUENCE OF:					
RTIFIC	19A DATE OF OPERATION 19B CONDITION FOR WH	CH OPERATION	20 A- AUTOPSY? (Yes or No) 20B, IN	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?				
		ACE OF INJURY (e.g., in form, factory, street, of	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If In Baltimore City, give exact location)				
W	(APPROX.) While Work	At Work	21F. HOW DID INJURY O	OCCUR?				
	22. I certify that (I) (this hospital) attended the deceased from 7 - 8 - 7 19 to 7 - 19 7 2 that (I) (we) last saw the deceased alive an 7 - 7 19 7 2 and that in(my) (aur) apinion death accurred an the date							
	and hour and from the causes stated above. (1) (1) 23A. SIGNATURE Manning		nding Med. Staff	23B, DATE SIGNED Ply vs/xv				
	23C. PHYSICIANS NAME (Type) RUBTN MANRI	2	CUTHER AN	HOSPITH OF MARYCA				
	KENIOVAL (Specify)	of CEMETERY of CRE	7.7					
	1//9///	utus Mem.		cus, Maryland				
		WEGISTRAR OF THE PROPERTY OF T	Charles A Ric	ce 1300 Eutaw Place				



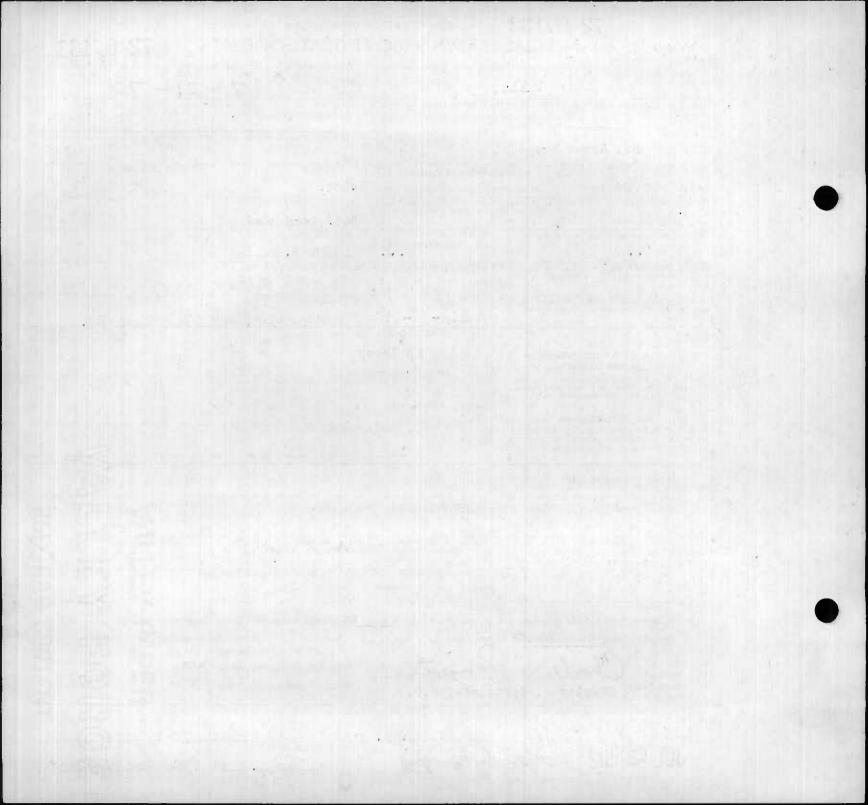
0 ,00		2 PM O	BALTIMORE CIT	Y HEALTH DEPARTMENT	72 07132		
BIRTH NO.	72	0713	CERTIFICA	ATE OF DEATH STATE	OF MARYLAND-DHMH		
1. NAME OF D				2. DATE AND HOUR OF DEA	ATH		
		s Creek		7/25/72	6 - A		
3. PLACE IN I	BALTIMORE, MARYLAND, V	VHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY	If institution: residence before admissio		
FULL NAME	OF (IF NOT IN HOSPI	TAL OR INSTIT	UTION, GIVE STREET	Maryland	2/02		
HOSPITAL OR	ADDRESS OR LOC	ATION)			INSIDE CITY LIMITS?		
^ ^	71.05			Baltimore	YES # NO [
00	1427 Ward &	St.		E. STREET AND NUMBER			
				1427 Ward St.			
5. sex Male	6. RACE Colored	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 4/16/11 9. AGE (In yeors last birthdoy) 61	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.		
IOA. USUAL O	CCUPATION (Give kind of wor	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNT		
done during most	of working life, even if retired)			Manuland	TT CY A		
13. FATHER'S P	NAME			Maryland 14. MOTHER'S MAIDEN NAME	U.S.A.		
	Towns O1						
5. Wes Door-	James Creek		1 6. SOCIAL	Elizabeth John			
Yes, no oi unkno	(If yes, give war or date	es of service)	SECURITY NO.		ADDRESS		
				Viola Phillips 1427	Ward St.		
18.	1212		CAUSE OF DEAT	TH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA		
	the obove couse (A)	stoling lhe	(c)				
TO THE DI	NIFICANT CONDITIONS CC EATH BUT NOT RELATED TO T R CONDITION GIVEN IN PAI	HE TERMINAL	Heyre	strenly of Prestate	a 3yeur		
	OF OPERATION 198. CON WAS PER	DITION FOR	WHICH OPERATION	20A. AUTO SY? (Yes or No) 20B. IF YES, WI	ERE FINDINGS CONSIDERED CAUSES OF DEATH?		
OR CONTR	DENT WAS UNDERLYING [IBUTING CAUSE OF Hify medical examined	21B hom etc.	e, form, foctory, street, o	in or about 21 C. WHERE DID office bldg., INJURY OCCUR? (If in Bolt	imore City, give exact location)		
21 D. TIME OF INJURY (APPROX.)	(Month) (Day) (Year)		INJURY OCCURRED				
22. I cert	ify that (I) (this haspito			2/22 196) 10	7/25 1972		
			- /·	10 22	animing double and the state of		
	that (1) (we) lost sow the deceased alive on						
23A. SIGNA		ted obove, (I) (We) (did) (dld not)	view the body ofter deoth.			
ZSM. SIGNA	0 7.	0 . 6 1	7 mo an	ending Med. Staff	23 B. DATE SIGNED		
Jee	eur V. un	une !	DEGREE Phy	ys. Director Phys.	7/28/		
· la	CIAN'S E(Type) EN P. URLO	OCK	In mo	1227 Wester Blu	o Batto ma . 4.		
24A. BURIAL C	REMATION, 248. DATE	24C, N/	AME of CEMETERY OF CR	EMATORY 24D. LOCATION	(City, town, or county) (State)		
Buri	- 1 - 1	72	M+ Assharman	Com			
	C'D BY HEALTH DEPT.	25B. NAME C	Mt. Auburn	Cem. Baltimor	e, Md. Address		
1111 9	10 1000 A.	1	2 Turn .				
/\$ 150-REV. 1/	0/48	1018 Mass		Gharles An Rice 130	OU EUTAW PI		



BIR)-400	p	72 07 MED		BALTIMORE CITY F			X OF DEAT	H _{reg. no}	72 (7133
	NAME OF DEC	CEASED				2. DATE	Known 15	Month	Doy	Year	Hour
(Typ	e or Print)	D	aniel	laile	У	OF DEATH	Estimated	0 7 -	-21-	72	
4. 1	PLACE IN BAI			-	NOUNCED DEAD	3. DATE		Month	Day	Year	Hour
HO	L NAME OF SPITAL INSTITUTION	(IF NO	OT IN HOSPITA	L OR INSTIT	UTION, GIVE STREET		DUNCED DEAD	,	21	72	B:40 p.
1	10	St. A	gn es Ho	spital	L	A. STATE	KESIDEIACE (W	here deceased II	B. COUNTY		before odmission) 530
6.	SEX	7. RACE		B. MARRIE	D NEVER MARRIED	C. CITY C	OR TOWN		D. INSIDE C	ITY LIMITS?	
m	ale	Negr	0	WIDOWE	D DIVORCED	Ba1	to.		,	ES X	NO 🗆
9. [ATE OF BIRT	'H	10.AGE (In		f Under 1 Yr. If Under 24 Hr		AND NUMBER	2			
13	4/30/3	State on lave	38		Aonths, Days, Haurs, Mi	54	17 Race I	Road	11 2 15		
1 4.	Mo		igii caoiiiiy)		WHAT COUNTRY?TT			loi lorr			
7.44			1:1:1:1	I AR KIND (OF BUSINESS OR INDUST		ohn R.I				
dan	during mast of	warking life, e	ven if retired)	14b. KIND	OF BUSINESS OK INDUST	KY 13. MOTE					
							Carrie	Simms			
16, (Ye:	WAS DECEAS	ED EVER IN	war or dotes	of service)	17. SOCIAL SECURITY NO.	18. INFO	RMANI		A	DDRESS	
	NO	1. 6			213-32-4	.194]	Barbara	Dailey	5743	Race	Rd.
	19. == 6	5.71			CAUSE OF DE	ATH					PPROXIMATE INTERVAL WEEN ONSET AND DEA
	DISEAS	SE OR CON	DITION DIREC	CTLY	Epi	Lepsy					
		LEADING T			(A)IMMEDIATI						
			e made of dy		DUE TO, O	R AS A CONSI	QUENCE OF:				
	injury ar co	mplication wh	ich caused dec	ith.)							
	Δ	NTECEDEN	CAUSES		(n)						
	DISEASES	OR CONDIT	IONS, IF ANY	, GIVING	DUE TO, O	R AS A CON	EQUENCE OF:				
	RISE TO TH	E ABOVE C.	AUSE (A) STAT	TING THE							
S					(c)						
CERTIFICATION	TO THE DE	ATH BUT NO	II ONDITIONS CO OT RELATED TO N GIVEN IN PA	THE TERMIN					****		
RT	20A. DATE O	F OPERATIO	N 20B. CON	NDITION FO	OR WHICH OPERATION	WAS PERFO	RMED			21. AUT	OPSY? (Yes or Na)
Ö	27									ye	s
¥	22A. EXTER	NAL CAUS	E WAS	22	B. PLACE OF INJURY (e.	g., in or about	22C. WHERE D	ID (If in Boltimo	re City, give ex		
MEDICAL	UNDERLYING CA			h	ame, form, foctary, street, al	fice bldg., etc.	INJURY OCCU	R?			
Σ	22D. TIME		(Day) (Year) (Hour)	22E.INJURY OCCURRE	D .	22F. HOW DID	INJURY OCC	UR?	7.5	
	OF INJURY (APPROX.)					OT WHILE					
	23.			п	1. WORK L	WORK L					
	1 cer	tify that I	held an I	nquiry 🗌	Inspection .	utapsy KX	and that a	n this basis,	death in my	apinian	
	resul	ted fram:	Natural cau	ses XX	Accident Suid	ide 🗌	Hamicide 🗌	Undetermi	ned manner		
		ā	. 1	7	0			AL EXAMINER			
	ACTUAL		hele	J. 0	format.	_ AS	SISTANT MEDIC	AL EXAMINER	XXX		DATE SIGNED
	SIGNAT	IEDIC.	7777		James N	l.D.	SOCIATE MEDIC				7/22/72
24	NAME (Type)	arles S	. Spr	ingate, M.D.			24D. LOCATION	1 (City to	n, or caunt	() (()-1-1
	MOVAL (Spec				240. NAME OF CEMETER	T UI CKEMA	, oki	AD. LOCATION	City, fow	ni, or caunt	y) (State)
	Buria	1	7/26/	72	Arbutus Me	m. Parl	ζ	Arbut	us, Mar	yland	3
25	5A. DATE REC'DON HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Charles A. Rice 1300 Futaw Place										

VS 151-REV. 1/1/6B

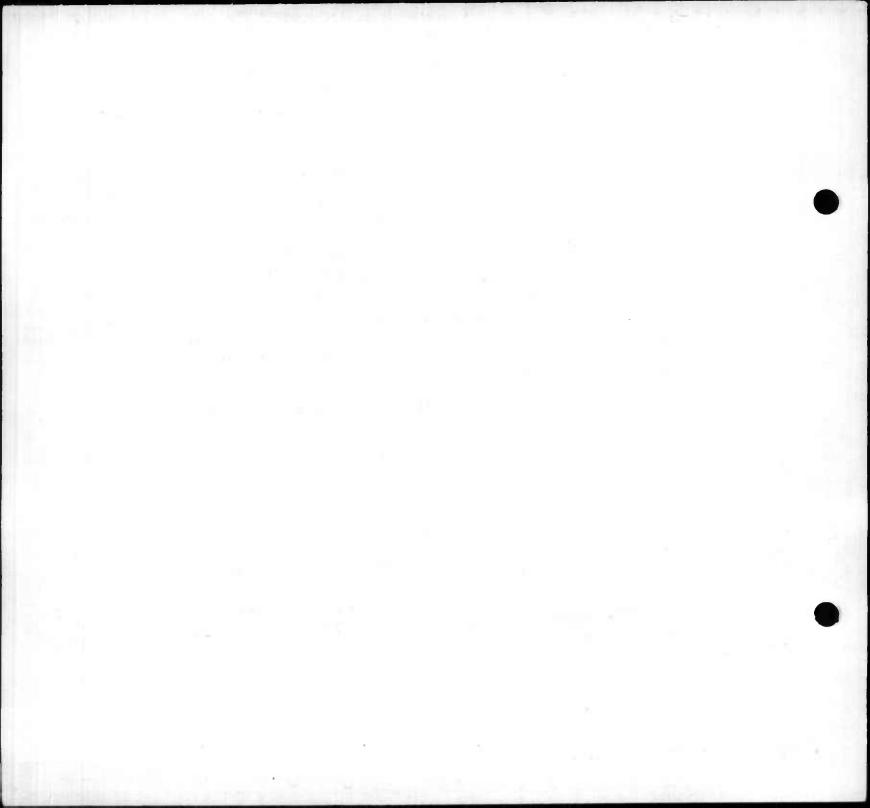
Charles A.Rice 1300 Eutaw Place



FUNERAL DIRECTOR: IMPORTANT

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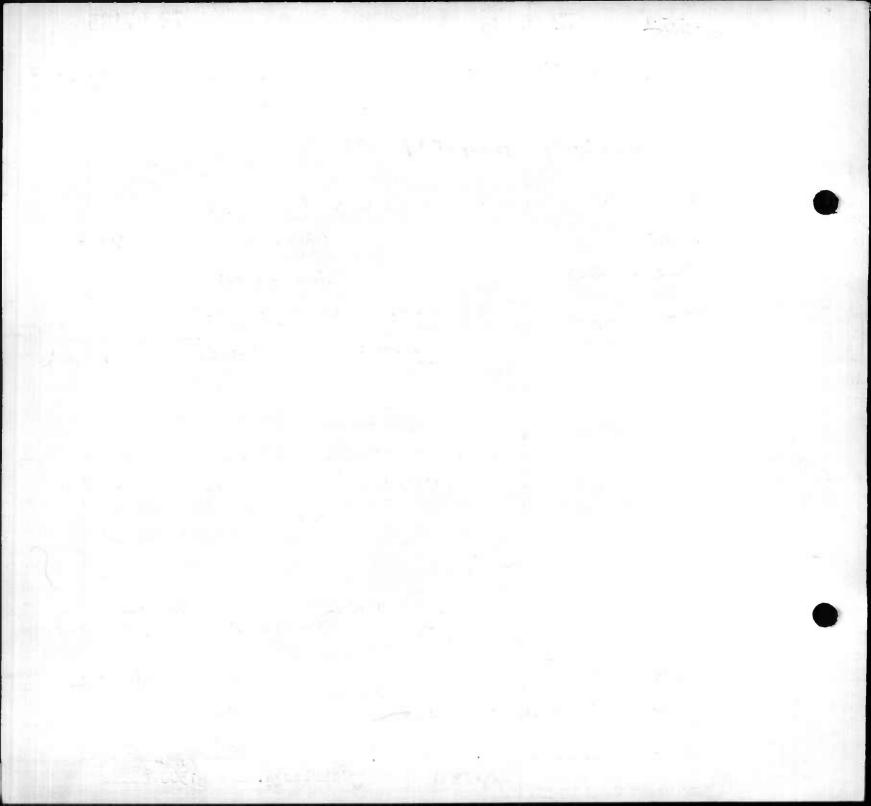
	1-57()	BALTIMORE CITY	HEALTH DEPARTMENT		MO 6 MM 0 4
	1-5d 72 07.	134 CERTIFICA	TE OF DEATH	K20. 110	72 07134
	NAME OF DECEASED			ND HOUR OF DEATH	OF MARYLAND-DAWA
	140565 K	JONES	7/2	5/72	535 AM
	PLACE IN BALTIMORE, MARYLAND, WHERE P	RONO UN CED DEAD	4. USUAL RESIDENCE (Wh	ere deceased lived. If in	nstitution: residence before admission)
	ULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	MARYIA		212232009
11	21BON SECOURS		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
	3400 N DOCUME		E. STREET AND NUMBER		YES NO NO
-	SEX 6. RACE 7. aaa.		329 W.	StINSON.	st
	no of and	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours Min.
	MIDC A. USUAL OCCUPATION (Give kind of work 108, KIP) The during most of working life area if notice the control of the cont		11/29/11	60	
d	O I I O O O	1 - 0	Colore of 101	eign country)	12. CITIZEN OF WHAT COUNTRY?
1	FATHER'S NAME	ed	14. MOTHER'S MAIDEN NA	ME	USA
	7		Susie Jones		
110	. Was Docoased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give wor or dates of ser	16. SOCIAL	17. INFORMANT	-	ADDRESS
1	un know w	SECURITY NO.	1.		0 1
	18. 4/2/41	CAUSE OF DEAT	p Tron	+ Sheet of	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		00	Insuffice	1 Chiy BETWEEN ONSET AND DEATH
	(This does not mean the mode of dving	e.g. (A) IMMEDIATE CAU	SE MY O CONCUE	el 78th	/)
	heart failure, asthenio, etc. It means the dis injury or camplication which caused death.)	eose,	A CONSEQUENCE OF:		
	ANTECEDENT CAUSES	. Chron	ic cardinvau	was insult	Ciara
	DISEASES OR CONDITIONS, if any, g	iving DUE TO, OR AS	ic cardiovasc	777	CLEMA
	rise to the above couse fA) stating UNDERLYING CONDITION lost.	(C)			
Ι,	II II				
27	OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI	ING NAL			
2	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 119B. CONDITION	*****************	20A. AUTOPSY? (Yes or No	208 IF YES WERE E	INDINGS CONSIDERED
CERTIFICATION	WAS PERFORMED			IN CERTIFYING CAL	INDINGS CONSIDERED JSES OF DEATH?
	OR CONTRIBUTING CAUSE OF	218 PLACE OF INJURY (e.g., in home, farm, factory, street, of	or obout 21 C. WHERE DID	(If In Boltimore	City, give exact location)
OIC A!	DEATH (nowly modical examined	etcJ			
MEDI	21 Do TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED While At Not While	21F. HOW DID INJ	URT OCCUR?	
		Work L At Work	Ц		
	22. I certify that (I) (this hospital) attend that (I) (we) lost sow the deceased alive	ed the deceased from		1972 to 7	
	and have and from the causes stated above		ond th	at in (my) (our) apin	ian death occurred an the date
	23A. SIGNATURE		ew the bady after death.		238, DATE SIGNED
	Whongar	After Phys.	ding Med. Director	Stoff Phys.	7.25.72.
	23G. PHYSICIAN'S NAME (Type) U. Bhargar	DEGREE PHYSIC	3D. ADDRESS	Phys.	7.0.72
L	U. phaoga	DEGREE			
24	REMOVAL (Specify) 248. DATE 24	C. NAME of CEMETERY OF CREA	AATORY 24D. LC	CATION IÇIIY	, town, or county) (Stote)
25	Burial 7/28/72	Mt. Auburn Co	em. We	stport, Ma	aryland
23	111 28 1972 Thereigh	प्रदेश मान्य	25C. FUNERAL DIRECTOR	Rice T300	Eutaw Place
VS	150-REV. 1/1/68	and the same	U I U	2,000	



FUNERAL DIRECTOR: IMPORTANT

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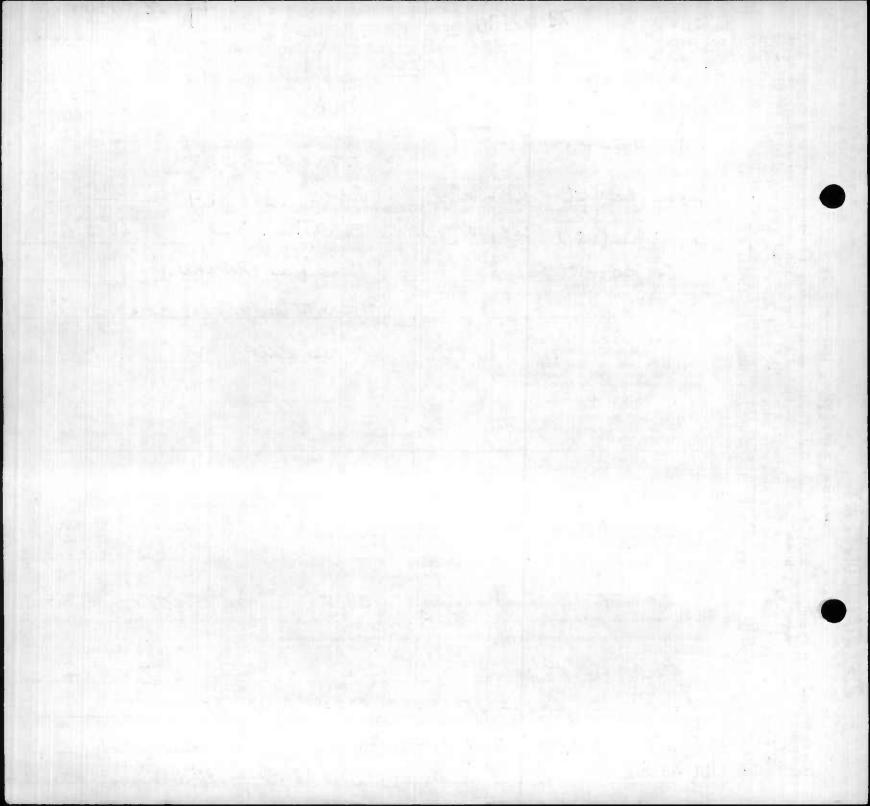
	(-552 72 07)	BALTIMORE CITY	HEALTH DEPARTMENT	72	07135			
BI	RTH NO.	CERTIFICA	TE OF DEATH	REG. NO				
1.	NAME OF DECEASED			ID HOUR OF DEATH	E MARYLAND-DHMH			
11111	reper or Print George Jenn	inas			1 1 20 0			
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR		4. USUAL RESIDENCE Wifer	e deceased lived If inst	1 1 6 30 PM.			
H	JLL NAME OF IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION	NSTITUTION, GIVE STREET	MD &	ALTO.	2 3 0 /			
		11 == += 1	BALTO.		YES NO T			
15	8 UNIVERSITY	HOSPITA	E. STREET AND NUMBER	bach Stree				
5.	SEX 6. RACE 7. ALAD							
	M N WIDO	RIED NEVER MARRIED DIVORCED DIVORCED	12.14-04		Months Doys Hours Min.			
10	A. USUAL OCCUPATION (Give kind of work 10B, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?			
11 .	Retired		MARYCA	NO	USA			
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAN		W 3/1			
	Emory Jennings		MADO					
15.	Was Deceased Ever in U. S. Armed Foices? s,no or unknown! (If yes, give war ar dates of serv	1 6. SOCIAL	MARY GR	REEN	ADDRESS			
Ilite	NO			–	ADDKE22			
1	118.	218-03-8448		CHART				
	010 AIR-17	CAUSE OF DEATH	•		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	KLL En	MPYEMA + S	EPSIS	, A.			
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise	(A) IMMEDIATE CAU	SE A CONSEQUENCE OF:		1 week			
	ANTECEDENT CAUSES	post.						
		(B)						
	DISEASES OR CONDITIONS, if any, ginise to the above cause (A) stoting UNDERLYING CONDITION (ast.	the (C)	A CONSEQUENCE OF:					
	- 11	(~)	***************************************		*********			
TON	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG SQUAMOU	S CELL CA OF	PALATE	10 mos.			
N V	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION F				***************************************			
ERTIFICATION	WAS PERFORMED		20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUS	IDINGS CONSIDERED			
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	218 PLACE OF INJURY le.g., in home, form, factory, street, off elc.)	or obout 21 C. WHERE DID ice bidg., INJURY OCCUR?	(if in Boltimore C	City, give exoct location)			
03	21D-TIME (Manth! (Doy) (Year) (Haus) OF INJURY	21 E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?				
>	(APPROX)	While At Not While						
	22. Legislity show (1) (ablig booster) and 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-							
	that (1) (we) last saw the deceased alive		11 7 19		19			
	The first track of the first of							
	and hour and from the causes stated abave. (1) (We) (did) (did not) view the bady after death.							
	Attending Med. Shaff St.							
	23C.PHYSICIAM'S NAME (Type)	DEGREE	3D. ADDRESS	nys. 120	1/21/12			
	MARK H. KASOW	TZ ND	UNIV. HOS	0.774 L				
24A		NAME of CEMETERY OF CRE		CATION City	town, or county) [Stole]			
	Burial 7/26/72	M+ Assharing		**				
25A		Mt Auburn Cer	25C. FUNERAL DIRECTOR	partimore,	MaryLand			
1111	28 1972 Traney from	O O CONTRO	Charles A.	Rice 1300	Eutaw			
VS	150-REV. 1/1/68		0 0 60					



FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

(1) (104 72 014	BALTIMORE CITY	HEALTH DEPARTMENT		72 07136
M.E CASE NO. 72 0'71	CERTIFICA	TE OF DEATH	Registered No.	OF MARYLAND-DHMH
(Type or Print) & limabeth Lee	. Walker	1	HOUR OF DEATH	12 12/30 A. M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT		stilution: residence before admission)
FULL NAME OF (If not in hospital or instituti HOSPITAL OR oddress or location) INSTITUTION	on, give street	C. CITY OR TOWN (If outsi	de city limits, write	RURAL ond give township)
073512 & Slamont 2	Thiel	Ballinere		
003312 Ostanony /		35/2 belan	rol, give locotion)	
	ED, NEVER MARRIED WED, DIVORCED (specify)		AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
Hemsle Colored Wi	rousel	apr. 2,1903	69	Violinia Boy 3 Hoods Viinia
10A. USUAL OCCUPATION (Give kind of work 10B. KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	country)	12. CITIZEN OF WHAT, COUNTRY?
Trong her (ret.) Scl	roof Public	Balline,	mel	U.S.a.
13. FATHERS NAME		14. MOTHER'S MAIDEN NAM	E	
IV. Garnett fee,	Sv	Gleverer T.	homas	
(Yes, no or unknown) (If yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS / B
no		It Gownett Loo, 9	r. 1618 T	Some Ad Italiana
DISEASE OR CONDITION DIRECTLY	CAUSE O		7.7.7.8.75	INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)	RECTAL CARE	PINOMA	7
(This does not mean the mode of dying, a heart failure, asthenia, etc. It means the disea	e.g., DUE TO	**************************************		
injury or complication which coused death.)				
ANTECEDENT CAUSES	DUE TO			
DISEASES OR CONDITIONS, if any, giv				
UNDERLYING CONDITION lost.	***************************************	- O wanti a O O O ana nir a O tra a a an O a a a ana a a a a a a a a a a		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING THE			
19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21 C. WHERE DID	(If in Boltimore	City, give exact locotion)
	21E, INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
OF INJURY (APPROX.)	While At Not While Work At Work	е		
22. I certify that (1) (this hospital) attended		5/16 19	22 to	7/27 1972.
that (I) (we) last saw the deceased alive (nian death accurred on the date
and haur and from the couses stated above				
23A. SIGNATURE				23 B. DATE SIGNED
see o R Regio	M.D. Atte		toff hys.	7/27/72
23 C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		1/2///-
	VEST M.D.	822N. BOAT	PT	
24A. BURIAL CREMATION, 24B. DATE 240	NAME of CEMETERY of CRE		CATION (Ci	ty, town, or county) (Stote)
Bureal 7-31-71	not. Autors	A.T.	2017	Sal
	not llubring	25C. FUNERAL DIRECTOR	ourn	ADDRESS
JUL 28 1912 Trangen.	0 0	" Soffen Six Diller	um , 316n1	District Aug 11
VS 150-REV. 1/1/65			7 7 9	The state of the s



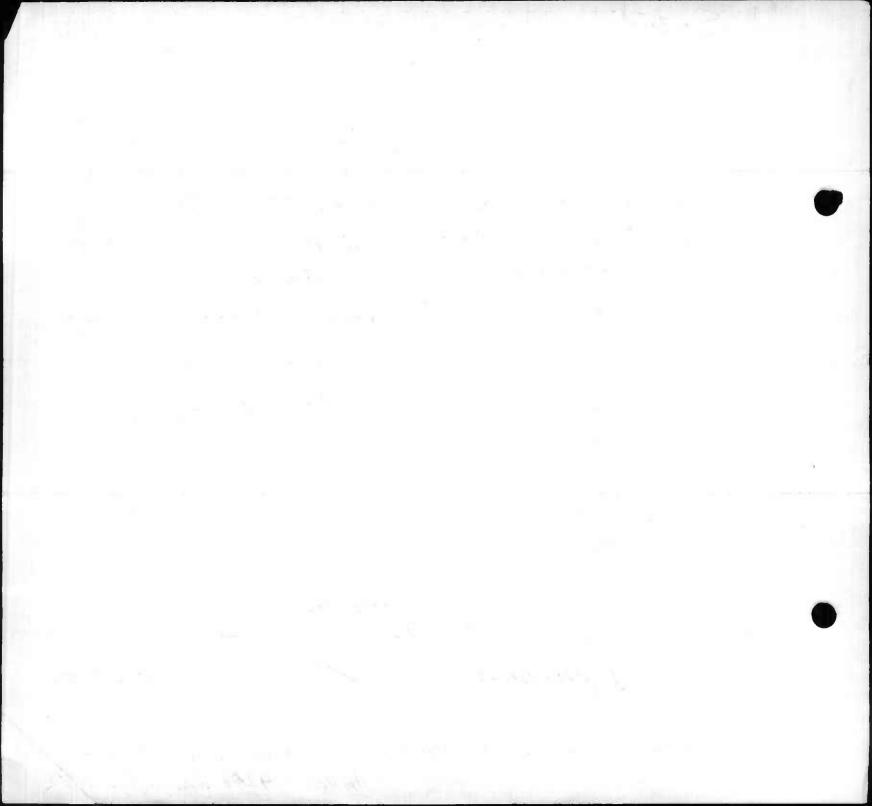
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e must be approved by the chief medical examiner or his assistant if death occurred in a hospital and released to the hospital by a medical examiner. Also, if the direct or contributing cause of death accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased a hospital (except where the physician who pronounced death was in regular attendance on the	or to death); and (6) No physician was in regular attendance on the deceased prior to death. Such and must be obtained before the remains are embalmed or final disposition is made.

was D.O.A.

eceased

BALTIMORE CITY HEALTH DEPARTMENT 72 07137. CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH BIRTH NO I.NAME OF DECEASED (Type or Print) 7-25-4. USUAL RESIDENCE (Where deceased lived, If institution residence before admission A. STATE B. COUNTY 3. PLACE IN BALTIMORE, MARTLAND. MD FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? BALTO, GEN. HOSP YES X NO STREET AND NUMBER 5. SEX 6. RACE Il Under 1 Yr. 7. MARRIED NEVER MARRIED tl Under 24 Hrs. Hours : Min. Hours Female WIDOWED X DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) SAME HousewiF-R 13. FATHER'S NAME UNKNOWN 15. Was Deceased Ever in U. S. Armad Forces? 6. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. NO SAM -DAUGHTER 18. / CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUEN hearl failure, asthenia, etc. Il means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DUE TO. OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, il any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 19 A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION 20A-AUTOPSY? (Yas or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B, PLACE OF INJURY (e.g., In or obout 21C, WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exoct location) MEDICAL DEATH (notify medical exomined etcJ (Month! (Doy) (Year) 21D. TIME (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that (1) (this haspital) attended the deceased from that (1) (we) last saw the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (We) (dld) (dld not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED Attending nuches Phys. Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 5010 RITCHIE HIGHWAY 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24 D. LOCATION (City, town, or county) eN

D.A. at ad prior JUL 31 1972 25C. FUNERAL DIRECTOR 00 VS 150-REV. 1/1/68



25C. FUNERAL DIRECTOR

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25A. DATE REC'D BY HEALTH DEFT. 8

VS 151-REV. 1/1/68

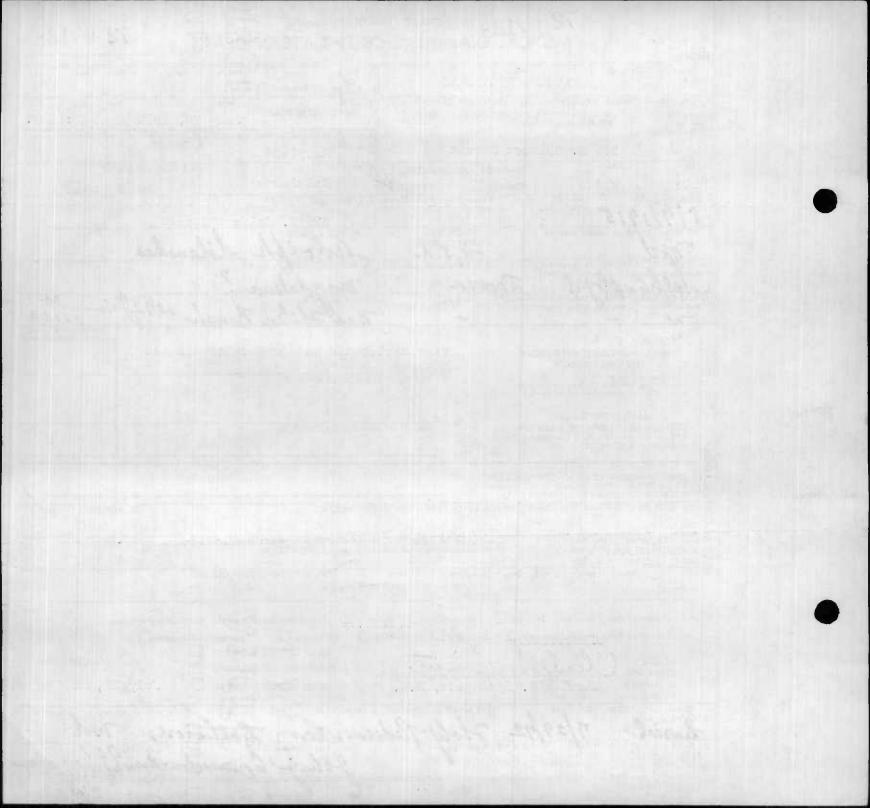
258. NAME OF REGISTRAR

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H-400 72 07139	BALTIMORE CITY HEALTH DEPARTMENT
BIRTH NO.	CERTIFICATE OF DEATH KEG. NO
1. NAME OF DECEASED	2. DATE AND HOUR OF DE
(Type or Print) Daniel Hall	7/23/72
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	CED DEAD 4. USUAL RESIDENCE (Where deceased lived-
	A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	DN, GIVE STREET 102 N. Paca St.
	C. CITY OR TOWN
Century Home, Inc.	Baltimore E. STREET AND NUMBER
102 N. Paca St.	
5. SEX BATTIMOTE, Md. 2120	1 102 N. Paca St. NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years
M M M M M M M M M M M M M M M M M M M	lost birthdoy)
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUS	DIVORCED 1/5/05 66 SINESS OR INDUSTRY 11. BIRTHPLACE (Stale or foreign country)
done during most of working life, even if refired)	
Retired Railroad	Maryland
the second second second	14. MOTHER'S MAIDEN NAME
Dan Hall	Marie Hall
15. Was Deceased Ever in U. S. Armed Forces? [Yes, no or unknown] [If yes, give wor or dotes of service]	SOCIAL SECURITY NO. 17. INFORMANT ZSILVE
	44-14-4631 William Hall 815 T
18.1/12.4/	CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY	Cardio Respuston Ta
LEADING TO DEATH (This does not mean the made of dying, e.g.,	(A)IMMEDIATE CAUSE
heart tailure, osthenia, etc. It means the disease.	DUE TO, OR AS A CONSEQUENCE OF:
injury or complication which coused death.)	Carpenos contar 4
ANTECEDENT CAUSES	(B) Gent CareBral On
DISEASES OR CONDITIONS, it any, giving rise to the above cause (A) stating the	DUE TO, OR AS A CONSEQUENCE OF:
UNDERLYING CONDITION last.	(c)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Bilox Amo Iloo
O DISEASE OR CONDITION GIVEN IN PART 1 (A).	3,000
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 1998. CONDITION FOR WHICH	CH OPERATION 20A. AUTOPSYTITES of No. 20B. IF YES, WE IN CERTIFYING
U 21A. ACCIDENT WAS UNDERLYING 121R PLA	CE OF INJURY (e.g., in or obout 21 C. WHERE DID (If In Bolt)
A DEATH (notify medical examinal)	CE OF INJURY (e.g., in or obout 21 C. WHERE DID OF INJURY OCCUR?
2	URY OCCURRED 21F. HOW DID INJURY OCCUR?
OF INJURY (APPROXI	
Work	AI WORK
22. I certify that (1) (this hospital) ottended the de	eceased fram Dec 19 // 10
that (1) (we) last sow the deceased alive an	when 2 3 19 7 2 and that in (my) (m)
and haur and from the causes stated above. (1)	(dld not) view the body ofter deoth.
23A. SIGNATURE	
Culland Copper	Attending Med. Staff Phys.
23C. PHYSICIAN'S NAME (Type)	23 D. ADDRESS
Willow And Star	16615 Restacts
24A. BURIAL CREMATION, 24B. DATE 24C. NAME	of CEMETERY OF CREMATORY 24D. LOCATION
KENTO VAL (Specity)	
7/29/72 Harmo	ny Memorial Park Landover, M
JUL 31 1972 Traper daller	1 5 1 5
\$ 150-REV. 1/1/68	1 Manson & Jaken &

72 07139 TE OF MARYLAND-DHM 6:50 P M.
If institution: residence before admission Balto., Md. YES T NO Il Under 1 Yr. Il Under 24 Hrs. Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? USA Spring, dd. APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH RE FINDINGS CONSIDERED CAUSES OF DEATH? more City, give exoct location) plinion death occurred on the date 23B, DATE SIGNED (City, town, or county) (Stote)

12/1/71 Prev. address another N. H. (Lincoln)

Banagan (da 1 Sa) 'y'a Ed'acasa (fa B)

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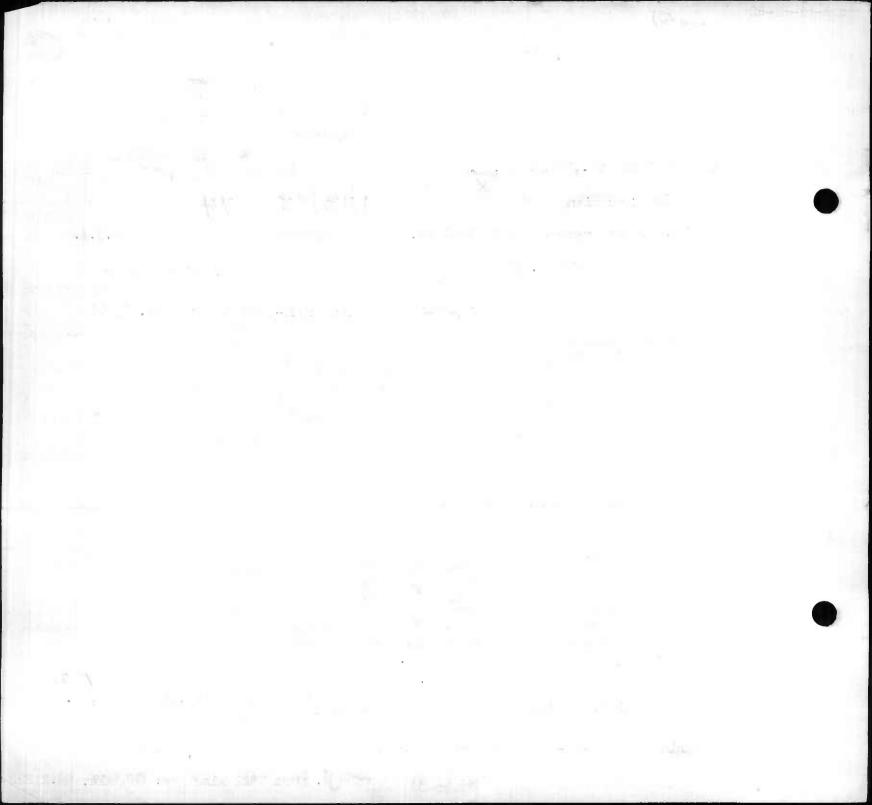
occurred

BALTIMORE CITY HEALTH DEPARTMENT 72 07140 CERTIFICATE OF DEATH REG_NO (4) Undetermined cause; (5) Deceased of death BIRTH NO. Suc I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 0 July 25, 1972 Herman A. Durbin eath. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY ance CGUSO Maryland Baltimore (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) T HOSPITAL OF attend C. CITY OR TOWN D. INSIDE CITY LIMITS? 0 Edgemere NO T YES prior Baltimore City Hospital contributing E. STREET AND NUMBER 2911 Delmar Ave. 21219 regular 5. SEX 6. RACE 8. DATE OF BIRTH MARRIED NEVER MARRIED 9. AGE (In years If Under 1 Ye deceased If Under 24 Hrs. Hours Male White Nov. 9, 1923 Months! Days WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? HO 2 done during most of working life, even if retired) West Wirginia U. S. A. Warehouseman Bethlehem Steel Co. Was 13. FATHER'S NAME the direct 14. MOTHER'S MAIDEN NAME Lawrence Durbin Della death HO kind; 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give war or dotes of service) 16. SOCIAL 17. INFORMANT (Wife) 2911 Delmar Ave ADDRESS final attendance No Mrs. Joyce E. Durbin, Balto. Md. 21219 A fracture of any pronounced CAUSE OF DEATH 10 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO. OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, regular injury or complication which caused death.) ANTECEDENT CAUSES who DISEASES OR CONDITIONS, il any, giving DUE TO, OR AS A CONSEQUENCE OF: 3 rise to the above cause (A) staling the physician UNDERLYING CONDITION last remains Was a medical burns; ERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). any nature; (2) Body . 20A. AUTOPSYT (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED the 194 DATE OF OPERATION 1198 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? No $\overline{\mathbf{o}}$ 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218 PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, steet, office bldg., INJURY OCCUR? where (If In Boltimore City, give exact location) to the hospital No DEATH (notify medical examined 21 D. TIME OF INJURY 1Month! 1Doy! (Year! (Houd 9 21 & INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (except While At p Not While p IAPPROX. and Wark At Work 22. I certify that (I) (this hospital) attended the deceased from death); that (1) (we) last saw the deceased alive on. and that in (my) (our) opinion death occurred on the date of hospital and have and from the causes stated above. (1) (We) (did) (did not) view the body ofter death. the body was released shows: (1) An accident 23A. SIGNATURE 238. DATE SIGNED Attending 7/26/72 Med. 0 pproval 8 23C PHYSICIAN'S prior 23D. ADDRESS to 914 "D" Street, Sparrows Point, Md. 21219 John V. Conway M. D. O.A. 24A. BURIAL CREMATION, 248. DATE bespeso 24C. NAME of CEMETERY OF CREMATORY (City, town, or county) REMOVAL (Specify) Good Shepherd Cemetery Tuckerton, Berks Co. Pennsylvania d Burial Was 25A. DATE REC'D BY HEALTH DET. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS John J. Duda, 7922 Wise Ave. Dundalk, Md. VS 150-REV. 1/1/68

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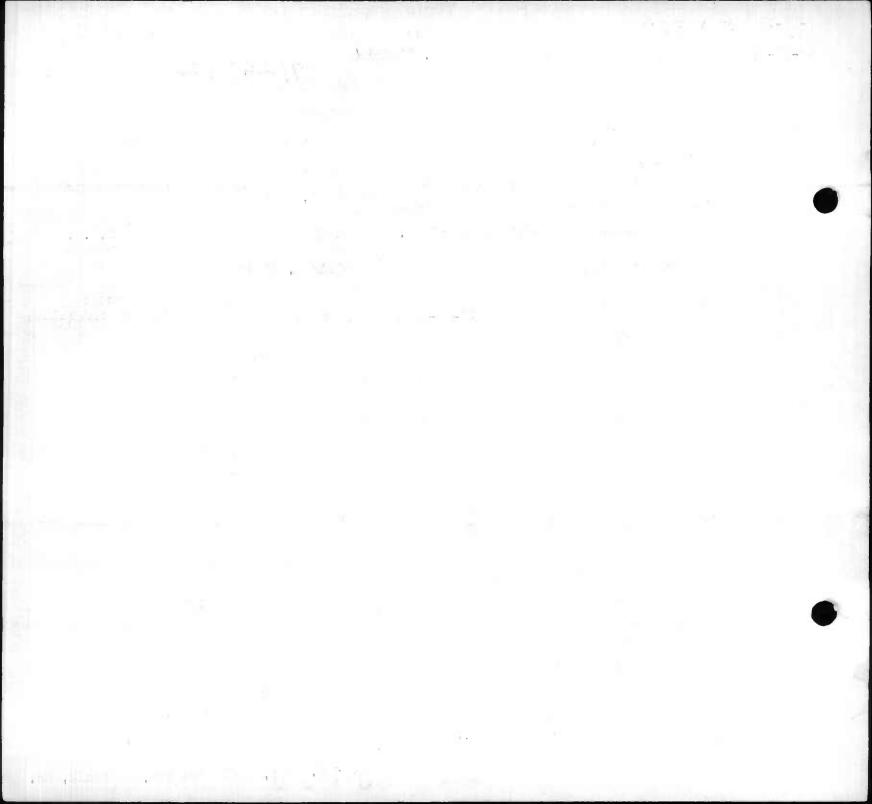
01-21-62	11-450 BALTIMORE C	ITY HEALTH DEPARTMENT DO 07144
5-5-5-E	72 07141 CERTIFIC	ATE OF DEATH STATE OF MARYLAND-DHMH
deat deat ease n th Suc	1. NAME OF DECEASED John H. Allen	2. DATE AND HOUR OF DEATH
of deat Of deat Decease e on the	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	7/24/1972 110 PM
		4. USUAL RESIDENCE (Where decepsed lived. If institution residence before admission) A. STATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	G. GITY OR TOWN Baltimore
	Batt. City Hospitals	Dundalk Dundalk Dundalk Dundalk Dundalk
att in		E. STREET AND NUMBER 34 North Dundalk Avenue
ar ar a pri	4940 Eastern Ave., Baltimore, Md.	134 Hundalk Ave 21222
rrik min mgul	5. SEX Ale Caucasian 7. MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lift Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
red red si is	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
death Under as in e dec	Retired Labor Foreman Beth Steel Co.	Maryland U.S.A.
	13. FATHER'S NAME Patrick A. Allen	14. MOTHER'S MAIDEN NAME
directly (4) disponent		Catherine Schuler
ind al	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Uf yes, give wor or doles of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
S T C	Yes WW I 213-07-3406	
S	DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
, 20 0 ± 0	LEADING TO DEATH	AUSE ROSP. tailing 5 days
oron oron ar o	this does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:
E B BE	injury or complication which caused death.) ANTECEDENT CAUSES	hunc emprysena
2 - L 0 0	(B) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	AS A CONSEQUENCE OF:
OX C C	ise to the above couse (A) stating the UNDERLYING CONDITION last.	Nonic Remal Pailes 11 mas
ica tal tal cia cia as	(c).	12,001,000
Big Z S ≯ E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
4 E > C.O o	O DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A AUTOREV (Voc or No.) OR HE WELL PROPERTY CONTINUES.
下の方は十	WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
== 0 = 0		office bldg., INJURY OCCUR? (If In Boltimore City, give exect lecetion)
d by spite fure; wh 6) N 6d b	21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
the hospitany nature; axcept who and (6) No btained by	OF INJURY (APPROX.) While At Not W Work	hilo
pro the an an	22. 1 certify that (i) (this haspital) attended the deceased from	7 9 19 12 to 7 24 19 72
D. 00	that (1) (we) last saw the deceased alive an	19 72 and that In(my) (aur) apinian death accurred an the date
	and haur and from the causes stated above. (i) (We) (did) (did nat	view the bady after death.
S O O E	23A. SIGNATURE	thending Med. Staff 23B, DATE SIGNED 23B, DATE SIGNED 1 2 4 /1972
acc acc	23C. PHYSICIAN'S NAME (1) pe	hys. Director Phys. C
y was rely was rely An acc	Matthew Fine	Baltimore City Hospitals
certificat sody was rs: (1) An D.O.A. al ased pric	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C	REMATORY 24D. LOCATION (City, town, or county) (State)
	Burial 7-28-72 Oak Lawn Cemet	ery Baltimore, Maryland
the bod shows: was D.(decease	25A. DATE REC'D BY HEALTH DEPT 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
F= 0 20 3	ANT OF 1915 WHEN WIND WAY	John J. Dude 7922 Wise Ave. Dundalk, Md.21222

VS 150-REV. 1/1/68



FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and I the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decedsed I was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the contributions.	other (b) we provided was in regular afternative on the deceased prior to death. Such interined before the remains are embalmed or final disposition is made.
FUN	This certificate must be approved by the chi the body was released to the hospital by a shows: (1) An accident of any nature; (2) Bow was D.O.A. at a hospital (except where the	written approval must be obtained before t

j	1) 2/0 /21./149	HEALTH DEPARTMENT							
	BIRTH NO.	TE OF DEATH STATE OF MARYLAND-DHAR							
	Oletrich, charles	2. DATE AND HOUR OF DEATH 7/24/72 7 30	м.						
	3. PLACE IN HALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution residence before admissi	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY						
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI UNSTITUTION CITY HOSPITALS	Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?							
II	4940 Eastern Avenue	Baltimore YES XX NO							
	Baltimore, Maryland 21224	E. STREET AND NUMBER 461 Hornel Street 21224							
	5. SEX 6. RACE 7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr., if Under 24 h	Hrs.						
	Male Caucasian WIDOWED DIVORCED	March 12, 1919	•						
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even it retired)	11. BIRTHPLACE (Stote or largin country) 12. CITIZEN OF WHAT COUN	TRY7						
	Crane Operator Bethlehem Steel Co.	Maryland U.S.A.							
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	Francis Dietrich	Ollie B. Higgs							
	5. Wos Deceased Ever in U. S. Armed Forces? Yes, no or unknown! (If yes, give wor or dotes of service) YOS WWTT	17. INFORMANT 4940 Eastern Avenue	_						
-	217-09-)1385 18. // F	BCH: RECORDS Baltimore, Maryland 2122	4						
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DE	ATH						
	This does not mean the made of dying, e.g. (A)IMMEDIATE CAN	A CONSEQUENCE OF:	10						
	heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.								
	ANTECEDENT CAUSES								
1	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:								
	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)								
		0.635 10.00 - 5							
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	tack of Gow- arthretis	•						
	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A AUTOPSY? (Yos of No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
	OR CONTRIBITING CAUSE OF home, form, foctory, street, of peach (notify medical examiner)	or phout 21 C. WHERE DID							
	21D-TIME (Month) (Doy) (Yeori (Hour) 21E INJURY OCCURRED While At	21F. HOW DID INJURY OCCUR?	_						
1	(APPROX.) While AI Work At Work	· 🗆							
	22. I certify that (1) (this haspital) attended the deceased from	/\7/ 1972 to 7/2 4 19 7	12						
	that (() (we) last saw the deceased alive an 7/24	19_7_2 and that in (my) (aur) apinian death accurred an the d	ate						
	and have and from the causes stated abave (1) (We) (did) (did not) v	and haur and from the causes stated abave (1) (We) (did) (did not) view the bady after death.							
II	23A. SIGNATURE	23 B, DATE SIGNED							
	M. Parkaret DEGREE Phys. Med. Director Phys. 7/24								
	MEHDI SARKARATI M.O. Baltimore, Maryland 21224								
2	AA. BURIAL CREMANTION, 248, DATE 24C. NAME of CEMETERY OF CRE		_						
	Burial 7/28/72 Oak Lawn Cemeter	(21016)							
2	JUL 31 1972 July 1884 OF REGISTRAR	John J. Duda, 7922 Wise Ave. Dundalk, Md	_						
V	'S 150-REV. 1/1/63		=						



IMPORTANT

FUNERAL DIRECTOR:

embalmed or final disposition is made

must be obtained before the remains

and (6) No physi

was released to the hospital

the body

at a hospital

was D.O.A.

deceased prior to death)

written approval

Such

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5.

1/	1/1					BALTIMORE CITY	HEALTH	DEPARTMENT				72 07	112
BIR	1-630 TH NO.		72	071	43	CERTIFICA	TE O	F DEATH	X	REG. NO	THE OF	MARYLA	1.40
	AME OF DECI	EASED						1		UR OF DEATH			
, ,	A		I I	MNE 1	VERRI	ITT				25, 1972		5:35	A M.
3. 1	PLACE IN BALT	TIMORE, MAR	YLAND, W	HERE PRO	NOUNC	ED DEAD	4. USUA A. STATI	L RESIDENCE (W B, CO NJ	here deci	eosed lived. If in	stitution;	residence before	odmission)
FU	LL NAME OF	(IF NOT I	OR LOCA	AL OR IN	STITUTIC	ON, GIVE STREET						(3	/
US Public Health Service Hospital					C. CITY OR TOWN Manasquan D. INSIDE CITY LI YES						d		
5		100 Wym			100 1	loopi tai		T AND NUMBER		n Rd.			
5. \$	EX .	6. RACE		7. MARR		NEVER MARRIED DIVORCED	B. DATE	/12/14	9. AG lost bi	E (In years thday)	If Und Months	er 1 Yr. If Un Doys Hours	der 24 Hrs. Min.
don	USUAL OCCU during most of v HWf- Lau	PATION (Give	kind of work n if retired)	108, KIN E	OF BU	SINESS OR INDUSTRY		PLACE (State or f	oreign cou	untry)	12, CIT	USA	COUNTRY?
13.	FATHER'S NAM	ΛE					14. MOT	HER'S MAIDEN N	IAME				
	Jo	hn Ivan	S			8	E	lizabeth	?	unknow	n		
15.	Wos Deceosed	Ever in U. S.	Armed Fore	es?		SOCIAL	17. INFO	MANT				ADDRESS	
(16:	NO NO	m yes, give	wor or dote	s or servi		38-20-4190		Records_	US PI	HS Hospi	tal,	Balto, M	id.
	1B.) / X CAUSE OF DE.				CAUSE OF DEAT	Н		100			APPROXIMATE		
		DISEASE OR CONDITION DIRECTLY					Multiple pulmonary emboli			oli	Hours	and drain	
			t meon the mode of dying, sthenio, etc. It meons the disc					UENCE OF:					
		ANTECEDENT CAUSES				Hodgkin's disease					Months		
					,	(B)DUE TO, OR AS	A CONCE	OUTNIER OF					
	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS rise to the obove couse (A) stating the UNDERLYTING CONDITION lost.					A CONSE	QUENCE OF:						
		- 11					_						
ATIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Hyper TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).					tensi	ve heart	disea	ase		Years		
	194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED					20 A. A	yes	IN	IF YES, WERE CERTIFYING CA	FINDING: USES OF	S CONSIDERED DEATH?		
CAL CE	OR CONTRIBUTING CAUSE OF				n or obout fice bldg.,	21C. WHERE DID INJURY OCCUR?		(If in Boltimor	e City, gi	ve exoct locotion)		
NEDIC	21D. TIME OF INJURY	(Month) (Do	y) (Year)	(Hour)	21 E. IN	JURY OCCURRED		21F. HOW DID I	NJURY C	CCUR?			

(APPROX.) 22. I certify that (1)/(this hospital) attended the deceased from

23A. SIGNATURI

239. PHYSICIAN'S NAME (Type)

While

July

19 72 and that in (my) (aur) opinion death occurred an the date that (V) (we) last sow the deceased alive an and haur and from the couses stated above. (1) (We) (did) (did not) view the body after death.

238. DATE SIGNED Staff Phys. 7/26/72

US PHS Hospital, Balto, Md.

John Sutherland. MD 24A. BURIAL CRIMATION, 24B. DATE REMOVAL Specify) 7/29/

24C. NAME of CEMETERY OF CREMATORY 1972 Saint Catharines Cemetery

24D. LOCATION

(City, town, or county) Wall Township Monmouth Co., NJ

258. NAME OF REGISTRAR

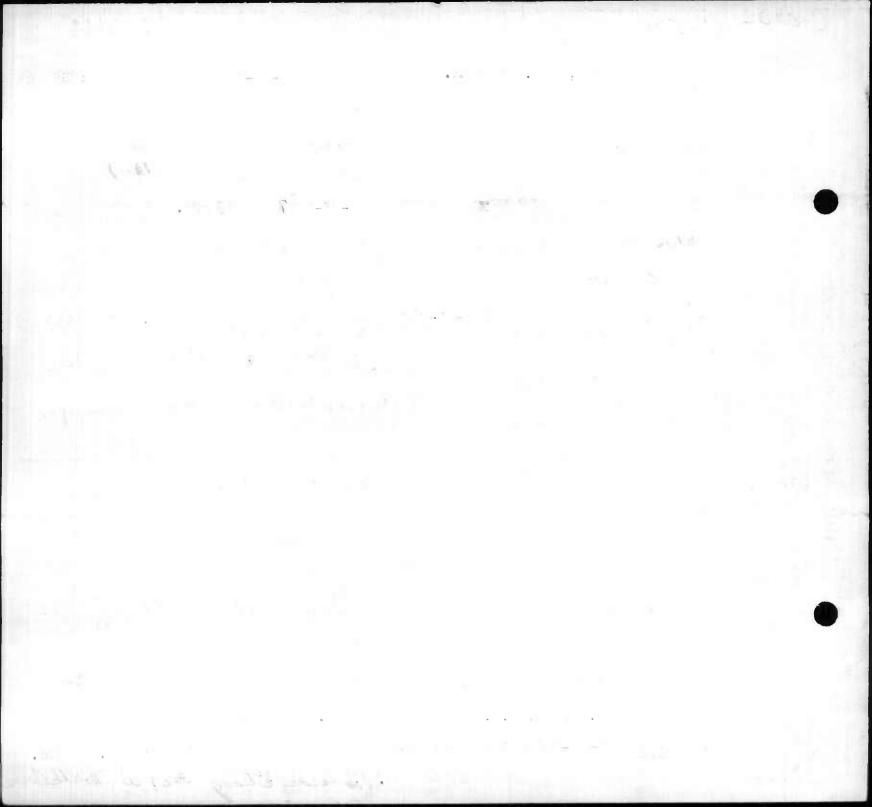
25C. FUNERAL DIRECTOR8728 Liberty Road ADDRES 21133 Loring Byers Funeral Directors, P. A.

VS 150-REV, 1/1/6B

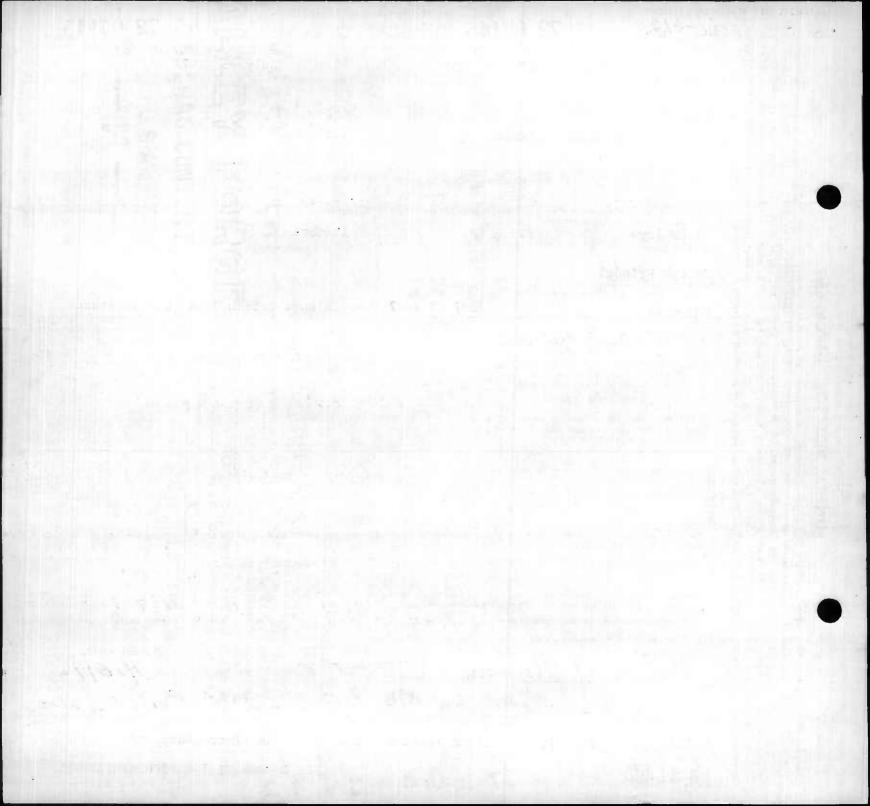
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C-522 72 07144		HEALTH DEPARTMENT		72 07144						
	CLKIIIICA		STATE L	F MARYLAND-DHMA						
1. NAME OF DECEASED (Type or Print)	26		TE AND HOUR OF DEATH	-mail -						
COMEGYS, MRS. GRACE		The state of the s	7-26-72	nstitution: residence before admission)						
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE		A. STATE	COUNTY	institution: residence before odmission)						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	, GIVE STREET	C. CITY OR TOWN	10-00							
INSTITUTION				SIDE CITY LIMITS?						
KESWICK HOME		BALTIMORE YES X NO								
97		ADDRESS UN		0000						
5. SEX 6. RACE 7. MARRIED N	EVER MARRIED	8. DATE OF BIRTH	9. AOE (In years	Months Days Hours Min.						
F W WIDOWED	DIVORCED	7-23-189		Williams Days Hours Williams						
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSI done during most of working life, even if refired)	NESS OR INDUSTRY	11. BIRTHPLACE (Stote	lateign country)	12. CITIZEN OF WHAT COUNTRY						
HOUSEWIFE NONE		WINCHESTER.	VIRGINIA	USA						
13. FATHER'S NAME		14. MOTHER'S MAIDE		OOR						
TOCEDII CNADO		CAMILTOTATE	DI ANGUETTEI T							
JOSEPH SNAPP 15. Was Deceased Ever in U. S. Armed Ferces? (Yes, no or unknown) (III yes, give war ar dates of service)	OCIAL	17. INFORMANT	BLANCHFIELD	ADDRESS						
(Yes, no or unknown) (II yes, give war at dates of service)	ECURITY NO.									
	9-03-0486		ECORDS 70	O. W. 40m Street						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEAT	anthic	ed thorace	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
IThis does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, giving rise to the above cause (A) stating the	an	A CONSEQUENCE OF: A CONSEQUENCE OF:	Fic Cu,	D may yrs						
UNDERLYING CONDITION last.	(c)									
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Dial	etes he	llitus							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED	OPERATION	20A. AUTOPSY? (Yes	or No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?						
ZIA. ACCIDENT WAS UNDERLYINO 218. PLAC OR CONTRIBUTINO CAUSE OF DEATH (notify medical examines) etc.)	E OP INJURY (e.g., i m, foctory, street, of	n or obout 21 C. WHERE Clice bldg., INJURY OCCI	DID (II In Boltimo	re City, give exact location)						
OF INJURY (APPROX.) Continue of the continu	RY OCCURRED No1 While At Work	e []	D INJURY OCCUR?	0 -						
22. I certify that (i) (this hospital) attended the deceased from 25 fam. 196/ to 26 hel										
22. I certify that (i) (this hospital) attended the deceased from to fact, 196/ to 26 feet 1972 that (i) (we) lost sow the deceased alive on 26 feet 1972 and that in(my) (our) opinion death occurred on the date										
ond hour and from the causes stated above. (1) (We	and hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter death.									
23A. SIGNATURE				23B, DATE SIGNED						
Harold P. Brok	Q GEGREE Phys	nding Med.	Staff Phys.	26 Jul 72						
23C-PHYSICIAN'S NAME (Type)		23D. ADDRESS		0						
HAROLD P. BIEHL, M.D.	GEGREE OF CEMETERY OF CRE		Street	She days as assets.						
REMOVAL (Specify)	Shepherd			ity, town, or county) (Stote)						
25A. DATE RECO BY HEALTH DIPT. 25B. NAME OF RECOVERY AND THE STATE OF	S. SALISE	25C. FUNERAL DIRE		ward Co. Md.						
VS 150-REV, 1/1/68	7 9 () G	(a) Moures	mong s	as I will the country						



BALTIMORE CITY HEALTH DEPARTMENT 72 07145 CERTIFICATE OF DEATH hospital and use of death Deceased Such 2. DATE AND HOUR OF AFTHOR I. NAME OF DECEASED (Type or Print) July 25 1972 LO URBACH ALBERT FRIEDEL death. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance B. COUNTY (5) cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF Mary land HOSPITAL OR D. INSIDE CITY LIMITS? canse; 0 0 NO YES 1106 Dundalk Avenue Baltimore prior E. STREET AND NUMBER contributing occurred 1106 Dundalk Avenue etermined made, regular 5. SEX If Under 24 Hrs. 6. RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED If Under 1 Yr. deceased Months! Doys lost birthdoy Hours WIDOWED DIVORCED M 9-30-1910 62 2 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (State or foreign country) death disposition done during most of working life, even if retired) Baltimore (4) Und P.B R RR 0 RR. Employe MOS 13. FATHER'S NAME the 14. MOTHER'S MAIDEN NAME direct Joseph Friedel assistant death 0 kind; 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) final SECURITY NO. attendance 837 12 1827 Mrs.Albert Urbach 1106 Dundalk Avenue no any CAUSE OF DEATH APPROXIMATE INTERVAL 0 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med ot LEADING TO DEATH re (This does not meon the made of dying, e.g., mbal heart failure, asthenia, etc. It means the disease, gular fractu injury or camplication which caused death.) ANTECEDENT CAUSES 0 who 10 exal are DISEASES OR CONDITIONS, if any, DUE TO, OR giving rise to the above cause (A) stating the <u>e</u> physician UNDERLYING CONDITION lost. remains medical Was medical 11 ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) Body the chief S 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION the CERTIFI ō IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED before 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID (If in Boltimare City, give exact location) where home, form, foctory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF ICAL hospital °Z DEATH (notify medical examiner) etc.) any nature; by MEDI ained 21 D. TIME (Hour) 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) 21E. INJURY OCCURRED 9 OF INJURY approved except While At Not While t (APPROX.) At Work Work and to the obte 10 22. I certify that (I) (this haspital) attended the deceased fram 19 /7 pe that (1) (we) last saw the deceased alive anand that in (my) (aur) apinlan death accurred an the date of eath) hospital and haur and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death. must was released accident 23B. DATE SIGNED 23A. SIGNATUR must 0 Attending 1 0 Phys. Director approval 0 23C. PHYSICIAN'S NAME (Type) prior 23D. ADDRESS certificate a An 4 24A. BURIAL CREMATION, 24C. NAME of CEMETERY OF CREMATORY 24B. DATE deceased the body 0.0 REMOVAL (Specify) written 7-28-72 Sacred Heart of Jesus Baltimore, Maryland as 25A. DATE REC'D BY HEALTH DEPT. 258. MAMD OF REGISTRAL 25C, FUNERAL DIRECTOR ADDRESS DABROWSKI 1005 DUNDALK AVENUE 3 VS 150-REV. 1/1/6B



	1	VInd			BALTIMORE CITY	HEALTH DEPARTMENT	1-	20 67446		
	RIPI	11-324 TH NO.	72 07:	146	CERTIFICA	TE OF DEATH	REG. NO.	72 07146		
	1. N	AME OF DECEASED					ND HOUR OF DEATH	_		
	-	e ar Print) MITCI		ETER			y 27, 197	1712		
	3. P	PLACE IN SALTIMORE,	MARYLAND, WHER	E PRONOUNC	CED DEAD	A. STATE B. COU	NTY	institution: residence before admission)		
	FUL	LL NAME OF (IF	NOT IN HOSPITAL	OR INSTITUTIO	ON, GIVE STREET	MARYLAN.		2/01		
11	INS	NOITUTION				BALTIMOR		SIDE CITY LIMITS? YES X NO		
	35	SOUTH BAL	TIMORE G	ENERA	11 HOSPITAL	E. STREET AND NUMBER				
6						805 MANO	OLD STRE	ET		
made	S. S			MARRIED X	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Manths: Days Hours Min.		
is n		The second secon		IDOWED	DIVORCED	9-5-1907	64			
		during mast of working lit	fe, even if retired)			11. BIRTHPLACE (State or for	eign country)	USA		
disposition	12 6	KETIRED	7	nuck Dr	uver	Maryland		USA		
bo	Peter Mitchell					14. MOTHER'S MAIDEN NA				
dis	10 0	Was Deceased Ever in		19.4	500141	Rose Mica		222222		
final	(Yes	No Leceused Ever in (If yes,		service)	SECURITY NO.	17. INFORMANT Elizabeth Mitch	ball 805 /	Mangold Street		
or fi	-	18. / / /	1		CAUSE OF DEATH	1	Balt.	imore, Maryland 2123		
			ONDITION DIRECT	TLY	CONGE	STIVE HEART	FAILURE			
embalmed		LEADIN (This does not mean	G TO DEATH			SE A CONSEQUENCE OF:	,,	2 DAYS		
al		heart lailure, asthenia	, elc. It means the	diseose,						
m.		injury or complication	DENT CAUSES	in,/	PUIMO	NARY EDEM.	A WITH	,		
		DISEASES OR CON		aiving	(B) MASS	IVE PLEURAL	- EFF0310N	(
s are		rise Ia the obove	couse (A) slo		_	ER OF THE L				
remains			11		(C/					
E	0	OTHER SIGNIFICANT C								
		TO THE DEATH BUT N DISEASE OR CONDITIO	N GIVEN IN PART 1	(A).		120A	1-1 000 te vee weee	THE PLANT CONTROL OF THE PLANT		
the	RTIFIC	19A. DATE OF OPERAT	WAS PERFOR		CH OPERATION	20A. AUTOPSY? (Yes ar h		FINDINGS CONSIDERED AUSES OF DEATH?		
before	AL CE	21 A. ACCIDENT WAS OR CONTRIBUTING DEATH Inotify medical	CAUSE OF	21B. PL/ home, i	ACE OF INJURY (e.g., it form, foctory, street, af	n or about 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimo	ore City, give exoct locotion)		
O P	20	21 D. TIME (Month)		our) 21 E. IN	JURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?			
ained	ME	OF INJURY (APPROX.)		While /	Not While					
bta		22. I certify that	(this haspital) of			1724	1972 to JU	14 27 1972,		
0		that (1) () lost so	w the deceased a	live on	July 27			inion deoth occurred on the dote		
t be						iew the body ofter deoth				
must		23A. SIGNATURE						23B. DATE SIGNED		
ם		1/4/4	Jishiff	m.	Atte	nding Med. Director	Staff Phys.	July 27, 1972		
70		23C. PHYSICIAN'S NAME (Type)				23D. ADDRESS	4 0	Y Y		
pprov		JULIT	6. 105	MEFF,	M. D. OEGREE	2085. Wrodba	turne Art, BI	al Amori, nod. 21234		
0	24A	BURIAL CREMATION REMOVAL (Specify)	, 24B. DATE	24C. NAMI	E of CEMETERY OF CRE			City, tawn, or caunty) (State)		
ritten		Burial	7-31-72		Hill Cemet		Baltimore, M			
rit	25A	DATE REC'D 8Y- HEA	LTH DEPI 25E	NAME OF	REGISTRAR	25C. FUNERAL DIRECTO	R 130	East Fort Hvenue		
3	Ų,	150-REV. 1/1/68	Thelis	10/1-1	2000	Me ully hung	gral Home B	alto., Md. 21230		
	,		P.L							

Tainty British States Strates Alexander Alle Control of the Control of th July 2 (color delle cuccion) | Selemon | maylen

IMPORTANT DIRECTOR: FUNERAL

the chief medical examiner

approved by

must

certificate

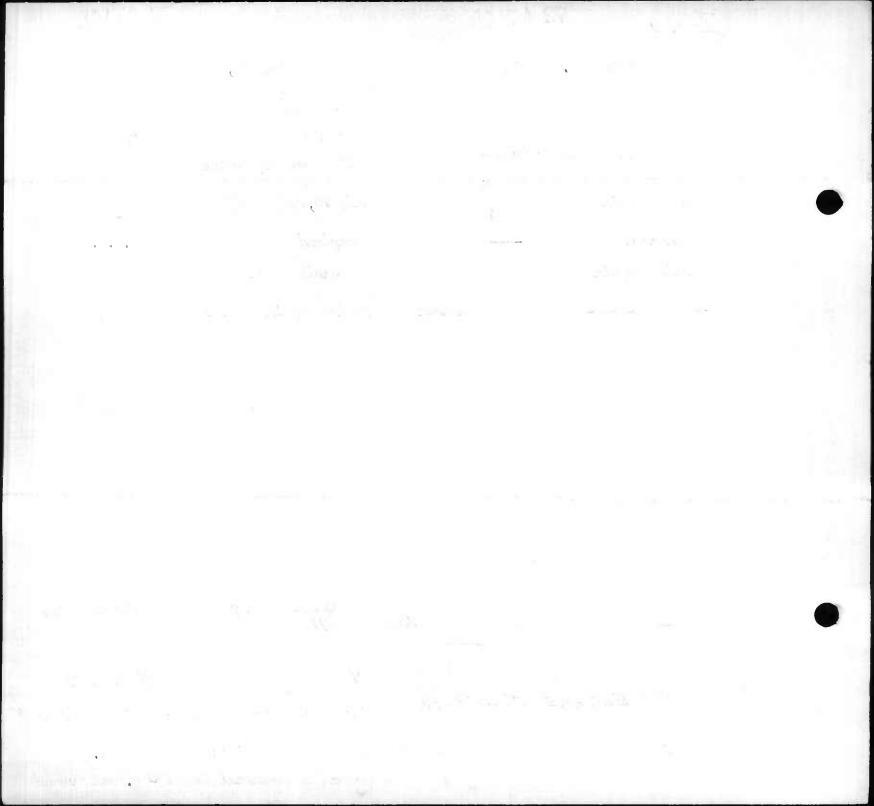
BALTIMORE CITY HEALTH DEPARTMENT 72 07147 CERTIFICATE OF DEATH a hospital and cause of death Such BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 0 Mary Fairbanks 3:40 D.M. death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4, USUAL RESIDENCE (Where deceased lived, Il institution; residence before admission) ance B. COUNTY etermined cause; (5) contributing cause Md. FULL NAME OF HOSPITAL OR IIF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C, CITY OR TOWN D. INSIDE CITY LIMITS? attend 0 Baltimore YES NO prior E STREET AND NUMBER Mercy Hospital 2024 N. Rolling Road made. regular 9. AGE (In years lost birthdoy) & DATE OF BIRTH II Under 24 Hrs. 6. RACE If Under 1 You Months! Doys 5. SEX 7. MARRIED NEVER MARRIED deceased Hours Female White 4-24-35 WIDOWED DIVORCED A disposition is IDA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE ISlale or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working lile, even if refired) 2 Md. (4) Und U.S. Homemaker - Secretary OS 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME the 3 Agnes Hauf James Turner death 0 15. Was Decoused Ever in U. S. Armed Forces 17. INFORMANT ADDRESS & SOCIAL final (Yes, no or unknown! | lif yes, give war or dates of service) SECURITY NO. attendance Agnes Hauf-2024 N. Rolling Rd. any APPROXIMATE INTERVAL CAUSE OF DEATH pronounced 10 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed fracture of LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF regular injury or complication which caused death.) ANTECEDENT CAUSES who DUE TO, OR AS GLO 4 DISEASES OR CONDITIONS, If any, giving CONSEQUENCE OF: rise to the above cause (A) stating the (3) 2 physician before the remains UNDERLYING CONDITION last MOS CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A). Body 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the O 218. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, farm, foctory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF any nature; (2) (Il in Boltimore City, give exoct location) where to the hospital MEDICAL 2 N DEATH (notify medical examined be obtained 21F. HOW DID INJURY OCCUR? (Year) (Year) (Houd 21 & INJURY OCCURRED 9 Not While OF INJURY (except While At IAPPROX. Work At Work pup 22. I certify that ((1) (this hospital) attended the deceased from death); and that In(my) (our) opinion death occurred on the date that (1) (we) lost sow the deceased alive on of hospital and hour and from the causes stated above. (1)(We) (did)(did not) view the body after death. the body was released must accident 23A. SIGNATURE 238 DATE SIGNED Attending Med. Director 0 Phys. approval 0 23D. ADDRESS prior 23CL PHYSICIANS at NAME (Type) An D.O.A. 24A. SURIAL CREMATION, 248 DATE 24D. LOCATION eceased REMOVAL (Specify) shows: 7-31-72 New Cathedral Cemetery Baltimore, Maryland Burial SD M 258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR 3 T rmacost Funeral Chapel-4600LibertyHghts V\$ 150-REV. 1/1/68

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

	7.10	72	07148	BALTIMORE CITY	HEALTH DEPAR	TMENT		72 (07148	
	BIRTH NO.			CERTIFICA	TE OF DE	ATH	REG. NO.		- 1210	
	I. NAME OF DECE	ASEP -					NO HOUR OF DEA	OF MA	RYLAND-I	HIE
	(Type or Print)	Henry (. 2				July	4 25, 1972		1	
	3. PLACE IN BALT	MORE MARYLAND, W	HERE PRONOUN	CED DEAD	4. USUAL RESID	ENCE (Whe	re deceased lived.	l institution:	residence before	e odmission)
	FULL NAME OF HOSPITAL OR	UF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTION	ON, GIVE STREET	Mary	land			24	03
	INSTITUTION	ADDIESS ON EOCA	(11014)		c. CITY OR TOW	N N	D. 1	NSIDE CITY		
	00	1408 Batter	и Ачепие		E. STREET AND NUMBER 1408 Battery Avenue					
					1408 L	Battery	. Avenue			
	4. 4	S. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTI		9. AGE (In yaors lost hirthday)	II Und Manths	er 1 Yr. If U	nder 24 Hrs.
	Male ISUAL OCCU	White PATION (Give kind of work	WIDOWED	DIVORCED	July 10,	1905	0/			
	done during most of wa	orking life, even il retired)	IVE KIND OF BU	ISINESS OR INDUSTRY	11. SIRTHPLACE		ign country)		ZEN OF WHA	COUNTRY?
	UNITO		(Marine 111)		Marylan			6	1.S.A.	
	(harles	-			14. MOTHER'S N					
	5. Was Deceased F	ver in 11 S Amed For	2 116	• SOCIAL		thy Zo	ing.			
	Yas, na or unknawn) (Il yas, giva war or date	s al sarvicel	SECURITY NO.	The Informant	7 4:-	2 2		ADDRESS	
	18, ///	09.		CAUSE OF DEATH	Thelma Z	eprin				
	7/	OR CONDITION DIR	ECTLY	CAUSE OF DEATH			A 1 A	1	APPROXIMATE BETWEEN ONSE	
	L	EADING TO DEATH		(A) IMMEDIATE CAUS			al infact	~		
	hearl lailure, o	maan the mode of sthenia, etc. It means	the disease.	DUE TO, OR AS A	CONSEQUENCE	OF:				
		ication which coused	death.)	10	Mr. 1	/	heyperbens	(A) CV	June 1	
		CONDITIONS, If	ony, giving	DUE TO, OR AS	A CONSEQUENCE	OF:	perum	v un	ine	100000000000000000000000000000000000000
	rise to the	above cause (A) CONDITION last	stating the					İ		
		11		(C)						
	OTHER SIGNIFIC	ANT CONDITIONS CON	TRIBUTING							
II	DISEASE OR COL	BUT NOT RELATED TO THE	I (A).	***************************************		***************************************				
	OTHER SIGNIFIC TO THE DEATH DISEASE OR COI 19A. DATE OF C	PERATION 198 CONT	DITION FOR WHIC	CH OPERATION	20A. AUTOPSY	(Yes or No	IN CERTIFYING	E FINDINGS	CONSIDERED DEATH?	
- 11	OR CONTRIBUTE	WAS UNDERLYING NO CAUSE OF	21B, PLA	CE OF INJURY (e.g., in arm, factory, street, offi	or obout 21 C. WH	ERE DID	(If In Baltin	nara City, ah	ra exoct lacation)
	DEATH (notify m	adical axaminer)	alc.)	arm, factory, street, offi	ce bidg., INJURY	DCCUR?	,		o oxogradudii	
		Month) (Day) (Yeoil	(Hour) 21E, INJ	URY OCCURRED	21F. HO	ILNI DID W	URY OCCUR?			
	(APPROX.)		While A	Nat While						
	22. I certify th	eat (1) (this hospital)	attended the d	leceased from	92	n1	967 10		Rec.	1971
	that (1) (we) 10	st sow the deceased	alive on	Dic	19 471	and the	t In(my) (our) o			
	and hour and f	rom the causes state	d above. (1) (W	(e) (did) (did not) vi	ew the body aft					
23A. SIGNATURE QUILLE SIGNED Attending Med. Shaff Phys. Ph										
	23C. PHYSICIAN	300/11	n w	DEGREE		cfor 🔲	Staff Phys.	12.	-27-7.	2
	23C. PHYSICIAN NAME (Typ	EUGENE	SCHA	VITZER MA	3904	0 11		11	1 1/2	41
2	4A. BURIAL CREMA	ATION, 24B, DATE	24C NAME	DEGREE OF CREA		0, 13,	ANOVER,	Sti 1	Oalto. 11	4. 1/225
	REMOVAL (Spe	cify)	- " 1	C C				City, town, o	or county)	(State)
2	Burial 5A. DATE BEC'D BY	HEALTH DERT.	25B, NAME OF B	C (NOSS (emet	25C. FUNERAL	DIRECTOR	ltimore		Md.	
	IUL 31 197	2 Hidney	Mon	4			neral Home	2 130 8	Font A	Venue
IE	\$ 150-PEV 1/1/40	- A			10	0			,	

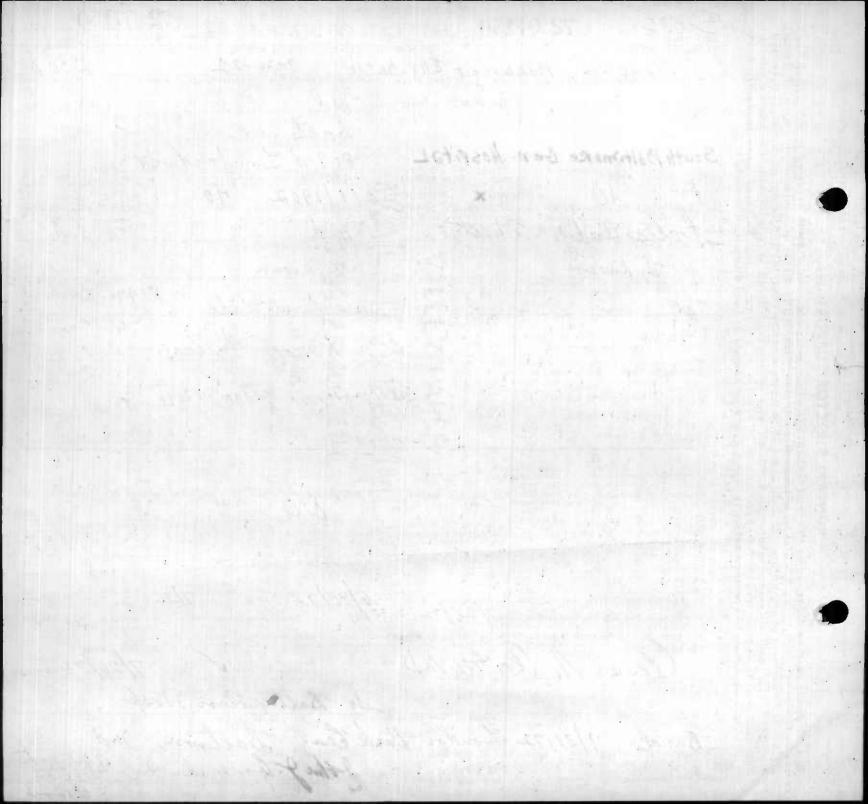


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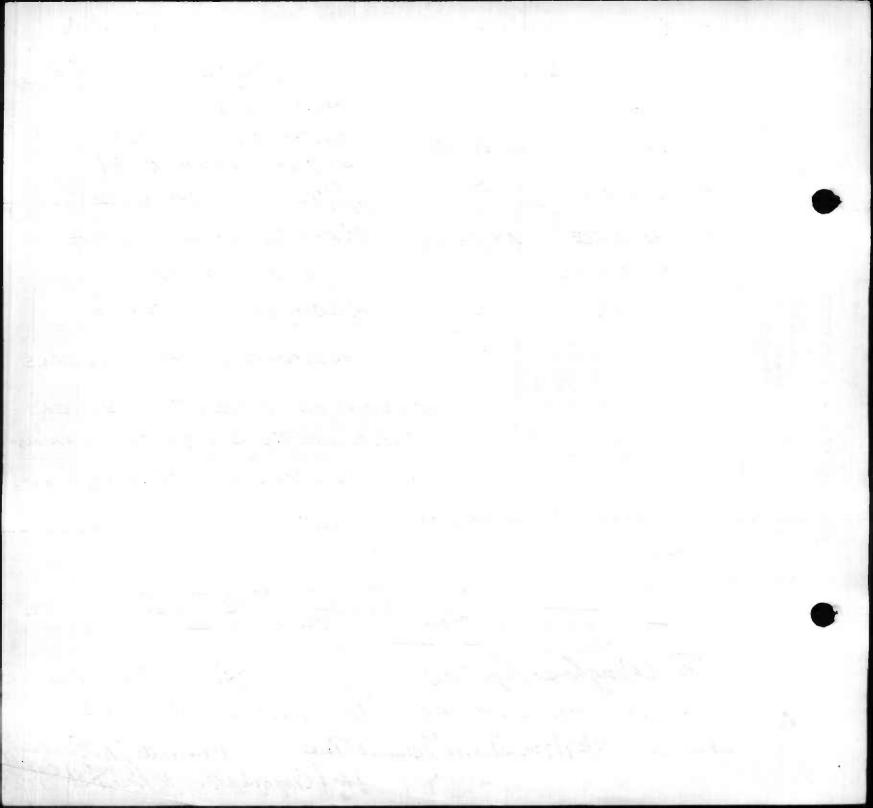
	J-520 72 071	<i>A</i> ()	HEALTH DEPARTMENT	REG. NO. 72	7149			
1.	RTH NO. NAME OF DECEASED ype or Print)	7 7		HOTOTOPEAND MAR	YI.AND=DHAIR			
	HNNA	B. Vean	7-	34-72	11:00 P. M.			
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PI	ONO UN CED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNTY	deceased lived. If institutions	residence before admission)			
FIHA	ULL NAME OF (IF NOT IN HOSPITAL OR I ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE CITY	15 48 LIMITS?			
1	10 2216 RosLyn	Ave	E. STREET AND NUMBER					
			2214 ROSLUN AVE #21216					
5.	(-a)	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Solos	AGE (In years If Und thirthday) Month	der 1 Yr. If Under 24 Hrs. S. Doys Hours Min.			
10.	A. USUAL OCCUPATION (Give kind of work 108, KIN		11. BIRTHPLACE (State or foreign	country 112. CI	TIZEN OF WHAT COUNTRY?			
do	ne during most of working life, even if retired		BALLOWY	2.	Γ			
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	e 10	,011,			
	John HXA	tzenberger	Mellip	Boll				
15. (Ye	Wos Deceased Ever in U. S. Armed Forces?	ice) 16. SOCIAL	17. INFORMANT		ADDRESS			
		_ (PRTRUNE MUT	1 - 5401600	ENWAY			
	18.4/0.7	CAUSE OF DEATH	1	A TUIDA C	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Pal Mall	due				
	(This does not meon the mode of dying,	e.g., (A) IMMEDIATE CAU	SECORONARY OC A CONSEQUENCE OF:	(US)ON	MIM.			
	heart lailure, asthenia, etc. 11 means the disc injury or complication which caused death.1	ease,						
	ANTECEDENT CAUSES	Coronary	anterioscleration he	eart disease	54emrs			
	DISEASES OR CONDITIONS, il ony, gi	ving DUE TO, OR AL	A CONSEQUENCE OF:		1			
	UNDERLYING CONDITION last.	(C)	*****************************					
z	- 11							
15	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG VAL						
CERTIFICATION	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 2	OB. IF YES, WERE FINDING	S CONSIDERED			
ERT				N CERTIFYING CAUSES OF	DEATH?			
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, farm, factory, street, off etc.)	or obout 21 C. WHERE DID	(If In Boltimore City, gi	ve exact location)			
0	21D-TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?				
2	(APPROX.)	While At Not While Work At Work						
	22. I certify that (1) (this haspital) attend		us 18, 19)	0 10 /4/4 S	14 1072			
	that (I) (we) lost sow the deceased alive		11 -		th occurred on the date			
ond hour ond from the couses stoted above. (I) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE 23B. DATE SIGNED								
	23 C. PHYSICIAM'S ABRAHAM B.	HURWITZMD?	3D. ADDRESS	0 0	1			
244	A. BURIAL CREMATION, 24B. DATE 24	DEGREE	1501 LIBERTY	MAD BALTI	MORE ID			
	REMOVAL (Specily)	12 11 11 1	. 0 /1	City, town,	or county) (Stotel			
25%	DUNGL 1-27-12 /	Veur CATACOV	125C FUNERAL DESCRIPTION	ALTIMORE, 1	110			
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VS	150-REV. 1/1/68		MANUAL KO COL	val chiper /	BILLING AND			

Sec. 15. Elected Fred fred Coffeeter-Markey Sintemen and Bromest Krand Chopel Hartshill Shill

1	S-536 72 07150 CEPTIFICATE OF DEATH REG. NO. 72 07150
75705	
and eatle ase th th	1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
de de con	(Type or Print) Sunder Ry Manager Elizabeth 7-26-29 2:30 pm.
at e o e t	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. Il institution: residence before odmission) A. STATE B. COUNTY
se se (5) and	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
to du to	INSTITUTION D. INSIDE CITY LIMITS? YES NO
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ting d cat r att prior	South Bottomore Gen. Hospital 819W. Lombard St.
ibu ine ine ine ine	5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Days Hours Min.
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d; (dir	The Revolution 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS. 1
sta lea lea lea	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give war or dates of service) 16. SOCIAL SECURITY NO. 7. INFORMANT SECURITY NO.
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act act ula	injury or complication which coused deeth.) ANTECEDENT CAUSES OA at Convint Stant III or IV
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ex (3)	rise to the above couse (A) stating the UNDERLYING CONDITION tost. (C).
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y by	DISEASE OR CONDITION GIVEN IN PART 1 (A). U 19A. Date of operation 19B. Condition for which operation 20A. Autorsylvas or Noil 20B. If yes, were findings considered
Bod Bod	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTORSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
by by phy for	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout) 21C. WHERE DID (II in Boltimare City, give exact location) OR CONTRIBUTING CAUSE OF hame, larm, lactory, street, office bldg., INJURY OCCUR?
tal tal her No p	DEATH (notify medical examiner)
Spiron w	D 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? White At D Not White C
ho ho de	(APPROX.) While At Work At Work
the exc an	22. I certify that (I) (this hospital) attended the deceased from 6/30/72 19 to 7/26 1972
000000	that (1) (we) last saw the deceased alive and 126/72 2:30 pm/19 and that in (my) (aur) apinlan death accurred an the date
t be a sed t ent of pital eath ust b	and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death.
must eleas cides hos to de	23A. SIGNATURE 23B. DATE SIGNED 23B. DATE SIGNED 7/21/2
	23C. PHYSICIAN'S 23C. PHYSICIAN'S 23D. ADDRESS
at at at orro	NAME (Type)
y was r 1) An a 3.A. at d prior	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State)
od od D.O	Removal (Specify) 7/31/72 Loudon Park Lem. Both inc med.
" = 2 " O =	25A. DATE REC'D BY HEAVIN DERT 25B. NAME OF REGISTRAR 25C, FUNERAL DIRECTOR ADDRESS
This the showas decomposition	1 31 1972 Travely solow on on John J. Gowan & Son For Atoflines
	VS 150-REV. 1/1/68 21223



	1/1177				HEALTH DEPARTMENT		72 07151		
1	H-430	72	07151	CERTIFICA	TE OF DEATH	REG. NO			
1	NAME OF DECI	EASED .				AND HOUR OF DEATH	OF MARYLAND-DHMH		
	ype or Print) Do	ROTHYL	HOLT		7/	26/72	1215 P		
3	PLACE IN BALT	MORE, MARYLAND, W	HERE PRONOUNC	ED DEAD	4. USUAL RESIDENCE (W	there deceased lived. If in	nstitution: residence before admission)		
	ULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUTIO	N, GIVE STREET	MARYL	-AND	1803		
_ ii	NSTITUTION	ADDRESS OR LOCA	ATION)		C. CITY OR TOWN		IDE CITY LIMITS?		
31	CAMILLE	ERSITY	Hasp	ITAL	E. STREET AND NUMBER		YES NO		
	CIVIUL	10011	11000	///		LomBAR	ed St.		
S.	SEX	6. RACE	7- MARRIED TH	NEVER MARRIED	B. DATE OF BIRTH	9. AGE Un years	II Under 1 Yr If Under 24 Hrs.		
1	EMALE	CAUC.	WIDOWED	DIVORCED	7/1/12	lost birthday 60	II Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.		
10	A. USUAL OCCU	PATION (Give kind of work	108 KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (State of 1	oreign country)	12. CITIZEN OF WHAT COUNTRY?		
		WIFE	ATH	OME	NORTH CA	grecting	USA		
13	FATHER'S NAM	NE .			14 MOTHER'S MAIDEN N				
2	UNF	NOWN			UN	KNOWA			
15 (Y	. Was Deceased	Ever in U. S. Armed For-	s of service)	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
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NO	I IO IHE DEATH	CANT CONDITIONS CON	IE TERMINAL	CERE	BRAL VAS	COLAR Th	Removisis Zwister		
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ERTIFIC	0-	WAS PERF	ORMED		A/O	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?		
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Ž	DEATH Inotify	medical enemined	otc.)	and topicity, sheet, di	- Singa, III JOK! OCCUR!				
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		ost sow the decease		7/26		that In(my) (our) opli	nion death accurred on the date		
			ed above. (I) (W	e) (did) (did nor) vi	ew the bady after death	3.			
	23AT STGNATUR	noul	1.1.	fro A	dina 🗀		23R DATE SIGNED		
	23C. PHYSICIAN	10 mgras	r pregli	Phys. Phys.		Phys.	1/26/72		
	NAME (Ty		1,11	Tun	3D. ADDRESS	alt 2 11	contra!		
24	A. BURIAL CREM	MATION, 124B, DATE	LIGHT	DEGREE	UNIVER	3/14 190	73 11/1/C		
	REMOVAL (Sp	pecity)	24C. NAME	of CEMETERY of CRE	MATORY 24D.	LOCATION (Cit	y, town, or county) (Statel		
125	A. DATE REC'D	BY HEALTH DEBTS	25B. NAME QF RE	con Momer	cal Vack	Charl	atte 1. Caroline		
	JIII 31	1972 Did	sy friker	row	25G. FUNERAL DIRECTO	and how then	an Holling Doress Dallo,		
VS	150-REV. 1/1/61	8	11 7	100 D	J. 3. 9. C. 630.00	gresser.	MILLERY DY CICL		



spital and of death (4) Undetermined cause; (5) Deceased Such U O hospital death. ance or contributing cause attend 10 prior occurred regular mad deceased disposition = MOS the death LO kind; final regular attendance any pronounced 10 embalmed fracture of who Gre 4 3 = physician before the remains No physician was medical any nature; (2) Body (except where the 0 to the hospital obtained 9 approved ; and 99 of death) hospital the body was released shows: (1) An accident must 10 approval 0 prior to O.A. eceased decease was D.

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. ERTIFICATE OF DEATH OF MARYLAND-DHIJH I. NAME OF DECEASED DATE AND HOUR Type or Print) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY HOSPITA OF UF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CHY, OR TOWN D. INSIDE CITY LIMITS? M. NO E. STREET AND NUMBER 5. SEX 6. RACE & DATE OF BIRTH MARRIED NEVER MARRIED 9. AGE (In years If Under 1 Y. Months! Days If Under 24 Hrs. Haurs lost birthday WIDOWED TO DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) ARTIST 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME WALLER KOBERT LRR NALLKR 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown!)(If yes, give war or dates of service). 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. WWIT RS CAUSE OF DEATH APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of tring, heart failure, asthenia, etc. It means the diver Injury or complication which caused death.) DUE TO, OR AS, A CONSEQUENCE OF arac ANTECEDENT CAUSES erotic DISEASES OR CONDITIONS if day, giving rise to the above cause All stating the UNDERLYING CONDITION I call OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE TERMINAL
DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTIFICATION 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSYS (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218, PLACE OF INJURY (e.g., in or about 21C, WHERE DID home, farm, foctory, street, office bidg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examined esidence OF INJURY (Doy) (Year) (Houd) 21 & INJURY OCCURRED 21F. HOW DID INJURT OCCUR? While At Nat While (APPROX! Fel At Work Work 22. I certify that (I) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive an and that in (my) (aur) apinton death accurred on the date and baur and from the causes stated above. (i) (We) (dtd)) (dtd not) view the body after death. 23A SIGNATURE 238, DATE SIGNED Attending [Med. Phys. Director 23C. PHYSICIAN'S NAME (Type 23D. ADDRESS 24A. BURIAL CREMATION, 248. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State) REMOVAL (Specify) EREDENS IJUE AL 7-26-72 of TRITH BALTIMORR 25A. DATE REC'D BY HEALTH DET. 25C. FUNERAL DIRECTOR ADDRESS 3 Beooks Tousan and OWSON VS 150-REV. 1/1/68

9-5-1972 - Letter from Maryland General Hospital, Balto., Md. - Medical Records Director, Rachel F. Joven - correction of maritial status, changed to MARRIED instead of WIDOWER. HRS

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E/meR Manhoral La

retired Tavern Owner Gayhardts Tavern Maryland USA

Late Joseph Gayhardt

Late Joseph Gayhardt

Late Anna Imhoff

yes

WW 1 213-10-6027A Mrs. Myrtle Gayhardt, 1169 Granville Road

Robert Krooprick , M. D.

Burial 7/31/72

Lorraine Park Cemetery

Baltimore, Maryland

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BALTIMORE CITY HEALTH DEPARTMENT

X	REG. NO	72	0715

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ADDRESS

610		CERTIFICATE					KEG. NO.					
RTH NO.							STATE OF		F MAR	MARYLAND-DHMH		
NAME OF DECEA	SED				2. 1	DATE AND	HOUR	OF DEATH				
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PLACE IN BALTIA	AORE, MARYLAND, WHERE PI	RONOUNCED DE		4. USUAL A. STATE		CE (Where		d lived. If i	nstitution: re	sidence befor	e odmis	
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HOSPITAL OR ADDRESS OR LOCATION C. CITY OR TOWN D. INSIDE CITY LIMITS? AGNES HOSPITAL YES BA LT I MOR E WILKENS AVENUES E. STREET AND NUMBER

MARYLAND 408 GRALAN ROAD 5. SEX 6. RACE 9. AGE (In years If Under 24 Hrs. B. DATE OF SIRTH If Under 1 Yr. 7. MARRIED X NEVER MARRIED Hours

MAL CAUCASIAN WIDOWED DIVORCED 05/15/02 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)

OWNER MUSIC MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME

GEORGE FROEHLIC 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) ADDRESS 6. SOCIAL SECURITY NO. BALTO MD

NO 3-03-4380 AGNES! RECORDS CATON CAUSE OF DEATH APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. II means the disease, injury or complication which caused deoth.) Diverticulitis ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if ony, rise to the above couse (A) stoting the UNDERLYING CONDITION last.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL

CERTIFICATION DISEASE OR CONDITION GIVEN IN PART 1 (A) 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION

21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Battimore City, give exact location) DEATH (notify medical examined etc.)

MEDIC 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? Not White OF INJURY While At (APPROX.)

At Work

22. I certify that XIX (this hospital) attended the deceased from JUNE ond that in (My) (our) opinion death occurred on the date that Al N(we) lost saw the deceased alive on JULY 29 19 72

ond haur ond from the couses stated above. (X) (We) (did) (a)(X)(X) view the body after death.

23A. SIGNATURE	- 0		*	23B. DATE SIGNED
	7./ Mol.	Attending Phys.	Med. Staff Phys.	7/29 7

23D. ADDRESS ST AGNES HOSPITAL BALTO MD

24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION REMOVAL (Specify)

Woodleyn Cemetery Burial Baltimore. Maryland 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR

Witzke, 1630 Edmondson Avenue 21228 VS 150-REV. 1/1/68

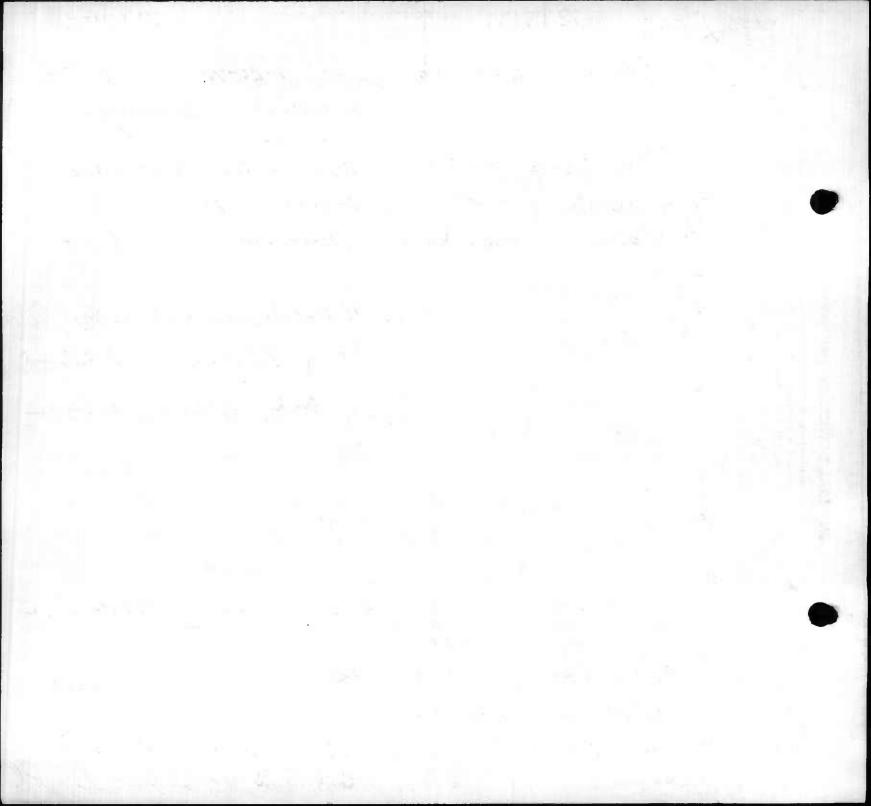
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I. NAME OF DECEASED	- 1 11	2. DATE AND	HOUR OF DEATH	OF MARYLAND-DHMH
CARRIE J.	henthicum	7-2	6-72	14-A. M.
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13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	00011
15. Was Deceased Ever in U. S. Armed Fara (Yes, no or unknawn) (It yes, give wor or dates	es? 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
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and hour and from the causes state	ed above. (1) (We) (did) (did nat) vi			The second of the second
23A. SIGNATURE	4		23 B. I	DATE SIGNED
Chy Kar	After Phys.	Med. Director P	haff	7/27/22
23C. PHYSICIAN'S NAME (Type)		3D. ADDRESS	- 1/	1 - 1 - 1 - 1
	LIFF JR. MD DEGREE	5722 WESTV	IEW Mall	
24A. BURIAL CREMATION. 24B. DATE	240, NAME of CEMETERY OF CRE	MATORY 24D. LOC		(n, of county) Stotel
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25A. DATE REC'D BY HEALTH OUT.	258. NAME OF REGISTRAR	25C FUNERAL DIRECTOR	PI	ADDRESS
VS 150-REV. 1/1/68		1 HARRISE Lie	1328. Julpi	hur Speing/Kd.



IMPORTANT FUNERAL DIRECTOR:

CERTIFICATE OF DEATH Such (5) Deceased I NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) June 26, 1972 RAYMOND WILLIAM McCAULEY 00 death. of 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance Marvland cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR C CITY OR TOWN attend Undetermined cause; 0 Bal timore 843 West 37th Street prior E. STREET AND NUMBER contributing 843 West 37th Street regular mad B. DATE OF BIRTH 9. AGE (In years 5. SEX 6. RACE 7. MARRIED NEVER MARRIED deceased Male White WIDOWED DIVORCED Sept 11 S 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) isposition done during most of working life, even if retired) 2 Interior Decorator Home Improvement Maryland 50 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the (4) Francis Rice dire William MC Caule y eath HO 0 kind: 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 6. SOCIAL final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. ce No 21/1 70 7875 an any CAUSE OF DEATH 0 attend pronounce DISEASE OR CONDITION DIRECTLY pem LEADING TO DEATH (This does not mean the mode of dying, e.g., hearl failure, asthenia, elc. Il means the disease, bal ar injury or complication which coused deoth,) E B regul ANTECEDENT CAUSES ho are DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE rise to the obove couse (A) stoling the physician UNDERLYING CONDITION lost. before the remains Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) WAS PERFORMED 0 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where hospital °Z DEATH (notify medical examiner etc.) nature; MEDIC obtained (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 Not While OF INJURY While At (APPROX) Work and to the any 22. I certify that (1) (this haspital) attended the deceased from .19..... Pe that (1) (we) lost saw the deceased alive on. of hospital deat and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. was released must accident 23A. SIGNATUR Attending 0 Phys. Director approval 0 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS prior at An Dr. John N. Classen 5802 York Road 24C. NAME of CEMETERY OF CREMATORY 24A. BURIAL CREMATION, 24B. DATE 24D, LOCATION eceased he body O REMOVAL (Specily) shows: Jul Moreland Memorial Park Was 25A, DATE REC'D BY HEALTH DEM 258, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR

BALTIMORE CITY HEALTH DEPARTMENT 72 07156 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) D. INSIDE CITY HMITS? YES X NO If Under 24 Hrs. If Under 1 Yr. Hours 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS William R. McCauley 8801 Church Lane Randalls APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimare City, give exact location) and that in (my) (our) opinion death occurred on the date 23B. DATE SIGNED (City, town, or county) Taylor Avenue, Baltimore Maryland Burgee Funeral Home, Baltimore, Maryland VS 150-REV, 1/1/68

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	1	R
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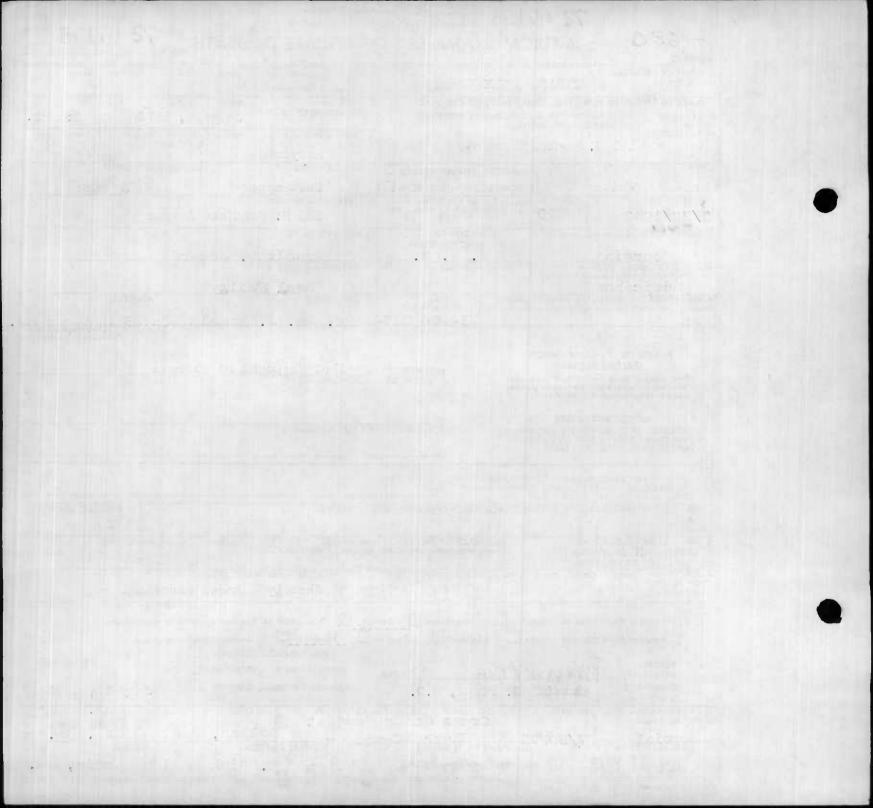
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9		Ardleigh Nurs 2095 Rockrose		8	Baltimore	RER	YES X	NOL
					4232 Falls	s Road		
5. SE		6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In year lost birthdoy)	s If Und Months	er 1 Yr. If Under 24 Hr Doys Hours Min.
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		JPATION (Give kind of work working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BiRTHPLACE (Stote	or foreign country)	12. CIT	TZEN OF WHAT COUNTE
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	ATHER'S NA				14. MOTHER'S MAIDE	NAME		
	-	Blanch	ard		Sammie Ell	la Simms		
S. W	as Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT			ADDRESS
Yes,	No or unknown	(If yes, give wor or dote	s of service)	211 18 2711	Fred w W	Pfeil 236	Rimonthe	onn Pd
12	8.///			CAUSE OF DEAT		11617 500	TOTAGE DIE	APPROXIMATE INTERVAL
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22. I certify that (I) (this hospital) attended the deceased fram January 22, 1968 to July 25 1972.								
that (I) (we) last saw the deceased alive an July 19, 19.72 and that in (my) (cor) apinian death accurred an the date								
and haur and fram the causes stated abave. (1) (We) (did) (did-net) view the bady after death.								
23A. SIGNATURE Attending Med. Shaff Director Duly 28, 1972 23C. PHYSICIAN'S NAME (Type) 23B. DATE SIGNED Phys. 22D. ADDRESS								
211		loyd Saylor	1	DEGREE				
24A.	Burial Burial	Specify)		don Park Ceme		Baltimore,	(City, town,	
2SA.	DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR	2SC. FUNERAL DIR			ADDRESS
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72 07158 STATE OF MARYLAND-DHMH BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE Known Month Yeor (Type or Print) OF RICHARD BENNY HOWARD Estimated DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Yeor Hour Month Doy PRONOUNCED DEAD 8:45 P.M (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) July 26, 1972 **OR INSTITUTION** 5. USUAL RESIDENCE (Where deceased lived. Il Institution; residence before admission) B. COUNTY 103 N. Montford Avenue A. STATE Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS? 6. SEX 7. RACE 8. MARRIED NEVER MARRIED White DIVORCED P YES X Male WIDOWED [Baltimore E. STREET AND NUMBER 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. II Under 24 Hrs. Months; Days; Hours; Min. losi birthalay) 2/22/1942 103 N. Montford Avenue 13. FATHER'S NAME 11. BIRTHPLACE (State or foreign country) 2. CITIZEN OF WHAT COUNTRY? Georgia U.S.A. Ernest V.

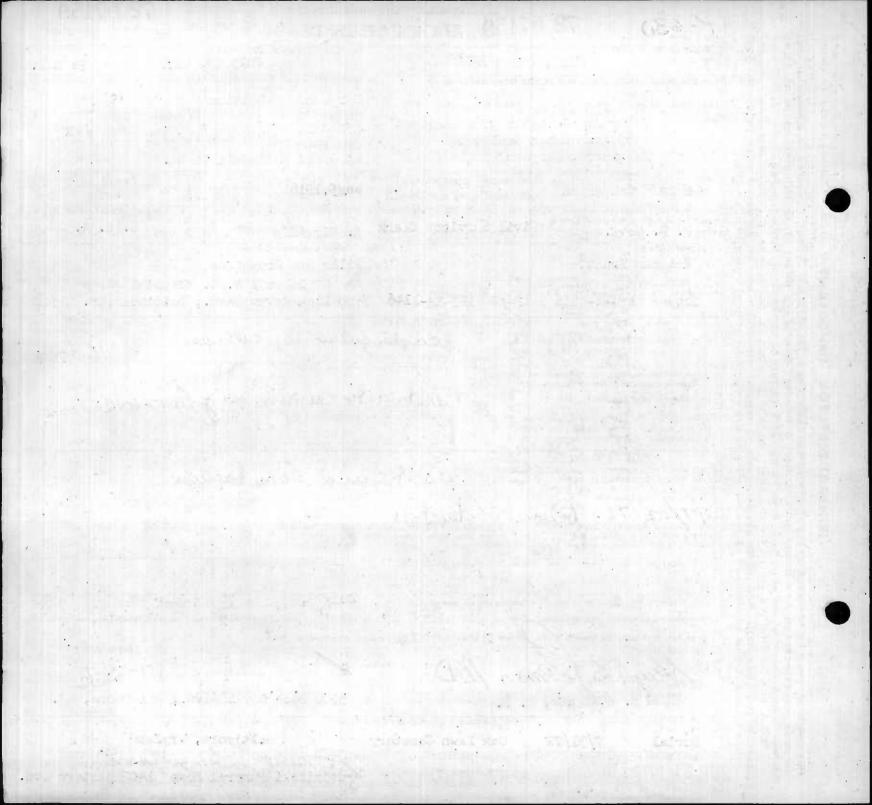
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME Howard done during most of working life, even if retired) Musician Hazel Bailsv 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO. 18. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dates of service) 254 64 0054 Arnold Box 83 Hanover Mc Mr. Wm CAUSE OF DEATH 19. BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE Shotgun wound of abdomen (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart fallure, asthenia, etc. It means the disease, injury or complication which coused death.) **ANTECEDENT CAUSES** (B) DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) Yes 22B. PLACE OF INJURY (e.g., In or obout 22C. WHERE DID (If In Baltimore City, give exact location) home, form, factory, street, office bldg., etc.) INJURY OCCUR? 22A. EXTERNAL CAUSE WAS UNDERLYING ON CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month)
OF INJURY 22E. INJURY OCCURRED 22F. HOW DID INJURY OCCUR? (Year) (Hour) WHILE AT NOT WHILE Shot by unknown assailant (APPROX.) m. WORK AT WORK 23. Autopsy X I certify that I held an Inquiry Inspection and that on this basis, death in my opinion resulted from: Natural causes Sulcide ___ Homicide K Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER X SIGNATURE **EXAMINER'S** ASSOCIATE MEDICAL EXAMINER Marvin S. Platt, M.D. July 27, 1972 NAME (Type)

24C.NAME of CEMETERY or CREMATORY Cross Roads Baptist 24A. BURIAL CREMATION. 248. DATE 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Dallas, Pauling Ctv. Ga. Cemetaly FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR ADDRESS Glen Burnie, Md. VS 151-REV. 1/1/68



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This certificate must be appraved by the chief medical examiner ar his assistant if death occurred in a hospital and	the body was released to the haspital by a medical examiner. Alsa, if the direct ar contributing cause of death	shows: (1) An accident of	was D.O.A. at a hospital	deceased priar to death)	written appraval must be obtained befare the remains are embalmed ar final dispasition is made.	
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	BALTIMORE CITY	HEALTH DEPARTMENT		72 07159	
P-630 72 071	.59 CERTIFICA	TE OF DEATH	REG. NO.	OF MARYLAND-DHMH	
BIRTH NO.		In DAY	STATE	Ur. Bullia	
(Type or Print) PRUITT, CYR	US RUDE	2. DATE	July 28, 197		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PI	RONDUNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If i	nstitution: residence before admission)	
FULL NAME OF (IF NOT IN HOSPITAL OR HOSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	Maryland	Baltimore	5300	
Veterans Administration Veterans Administration 3900 Loch Rayen Bo	ration Hospital	Rosedale	D. INS	YES NO X	
Baltimore, Marylan		e. STREET AND NUMBER 8326 Old Phi	ladelphia Rd	•	
Male Caucasian WIDC	RIED NEVER MARRIED DIVORCED	Aug5,1918	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
done during most of working life, even if retired	ID OF BUSINESS OR INDUSTRY		oreign country)	12. CITIZEN OF WHAT COUNTRY?	
0. D. 0040.	FI Services Clerk	W. Virginia		U. S. A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN N			
William Bruitt		Willa Ann Gr			
15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of ser Yes 10-21-42 to 2-16-	vice) 16. SOCIAL SECURITY NO. 146	17. INFORMANT Recor 3900 Loch Ray		pital ADDRESS ltimore, Md. 21218	
18. 157. 9 1	CAUSE OF DEAT	^	0.4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Cardi	o pulmonary	Collegas	100	
(This does not meen the made of dying,	(A) IMMEDIATE CAL	ISE TO LOS OF THE PROPERTY OF		100045	
heart failure, asthenia, etc. It means the dis		A CONSEQUENCE OF:			
injury or camplication which caused death.) ANTECEDENT CAUSES	maker	Lake Coursia	aux V O.		
	(B) 17 (CACAS	rake concir	some of tal	ncrear	
DISEASES OR CONDITIONS, if any, on the abave cause (A) stating UNDERLYING CONDITION last.		A CONSEQUENCE OF:	U		
The state of the s	(9/1000000000000000000000000000000000000				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	ing ascites	and her	es failure		
		20 A. AUTOPSY? (Yes or	No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED	
194. Date of OPERATION 198. CONDITION WAS PARFORMED	obstuction	NO	IN CERTIFING CA	AUSES OF DEATH:	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimo	re City, give exoct location)	
	21E. INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?		
OF INJURY (APPROX.) (Month) (Doy) (Yeor) (Hour)	While At Not While Work At Work	e 🗌			
22. I certify that (1) (this haspital) attended the deceased from July 3, 19 72 to July 28, 19 72,					
that H) (we) last saw the deceased alive an July 28, 19 72 and that in (m) (aur) apinian death accurred an the date					
and haur and from the causes stated above. (1) (We) (did) (did hat) view the body after death. 23A. SIGNATURE					
Attending Med. Stoff					
22C. PRYSICIAN'S 23D. ADDRESS V A HOSPITED					
AUGH B. ROBINSON, M.	D	3900 Loch	Raven Blvd.,	Baltimore, Md.	
24A. BURIAL CREMATION, 24B. DATE 2 REMOVAL (Specify)	4C. NAME of CEMETERY OF CR	EMATORY 24D	LOCATION (C	City, town, or county) (State)	
Burial 7/31/72	Oak Lawn Cemeter	y	Baltimore, Mar	yland	
25A. DATE REC'D BY HEALTHY DEPT. 25B. NA	ME OF REGISTRAR	25C. PUNERAL DIRECT	& Burne	Chansa DDRESS	
UL 31 1972 Tradrey fre	workers o	Bruzdziński	Funeral Home	1407 Eastern Ave.	
VS 150-REV. 1/1/6B ·			1		



24C. NAME of CEMETERY or CREMATORY

COM

25C. FUNERAL DIRECTOR

LOU dON

258. NAME OF REGISTRAR

24D. LOCATION

(City, town, or county)

6500 York Rd

(Stote)

24A. BURIAL CREMATION,

25A. DATE REC'D BY HEALTH DEPT.

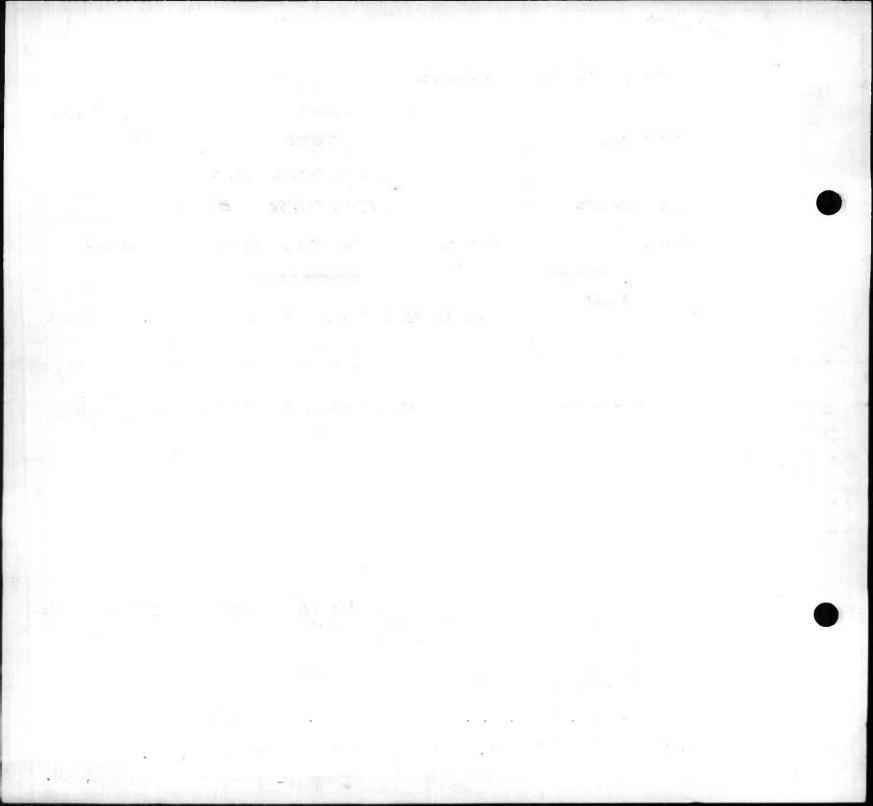
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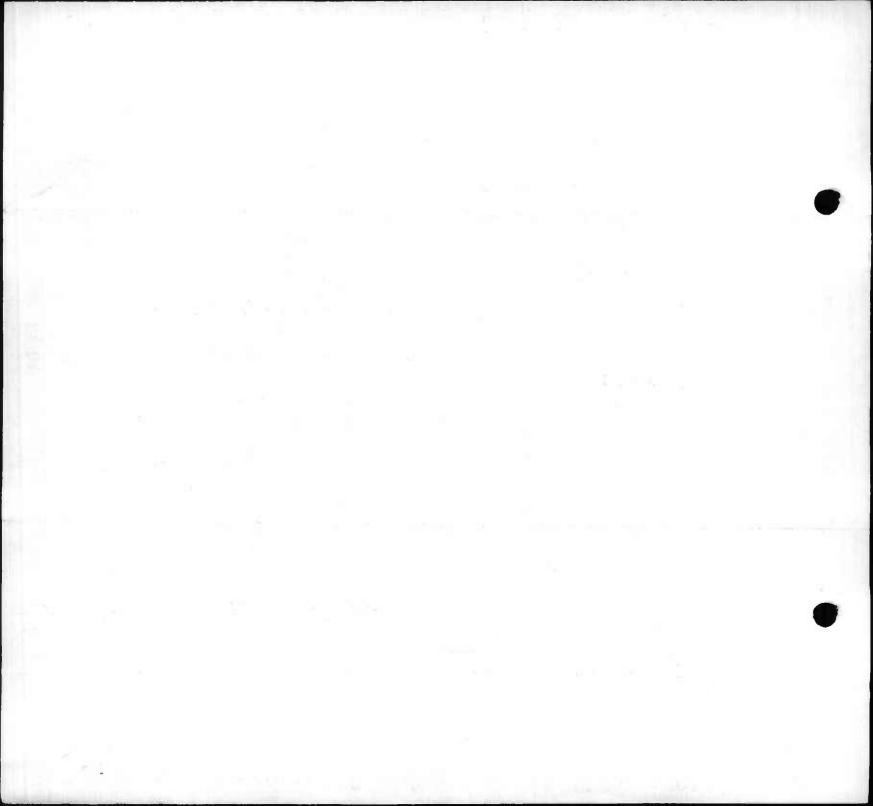
248. DATE

7. did W. University Manne. 12 1 2 2 2 1 WAYN - 1 Bullet Bullet Bullet Bullet Bullet . since the meanure of the production of the territory and the territory of the territory o , C. H. , skymmyla, man, H. D., This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

1	11 () = 250 70 07404	Y HEALTH DEPARTMENT 72 07161				
;	BIRTH NO.	ATE OF DEATH STATE OF MARYLAND-DHMH				
)	T.NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH				
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	1 1-11-11 16 AM				
3		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE 8. COUNTY				
5	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?				
	KESWICK HOME	BALTIMORE YES X NO				
	91	E. STREET AND NUMBER				
made.	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 19. AGE (In years If Under 1 Yr. If Under 24 Her.				
	Female White WIDOWED DIVORCED	lost birthdoyl Months Doys Hours Min.				
n is	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
io	none of working life, even a relired) none					
osi	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
disposition	WILLIAM T. DUSHANE	NANNIE LOGAN				
	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS				
final	SECURITY NO. 2/8-52-0538					
or f	18. 1/ 2 / 9 CAUSE OF DEAT					
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH				
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pq	hearl foilure, astheria, etc. It means the disease, injury or complication which coused death.]	A CONSEQUENCE OF:				
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E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
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before the	19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
for	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	n or obout 21C. WHERE DID (If in Boltimore City, give exoct location)				
	DEATH (notity medical examiner)					
tained	OF INJURY	21F. HOW DID INJURY OCCUR?				
tai	Work At Work					
do	22. I certify that (1) (this hospital) attended the deceased from	Merch 1939 to 27 July 1972				
pe	that (i) (we) last saw the deceased alive on 27 Jul	ond that in (my) (our) opinion death occurred on the date				
ust	ond haur and from the causes stated obove. (i) (We) (dld) (dld not) v					
E		nding Med. Shoff				
٨٥	23C BUYSICIANTS OF THE DEGREE Phys	nding Med. Stoff Director Phys. 23D. ADDRESS				
approval must	NAME (Type)					
db	HAROLD P. BIEHL, M.D. 24A. BURIAL CREMATION, 24B. DATE 24C.NAME OF CEMETERY OF CRE	700 W. 40th Street MATORY 24D. LOCATION (City, town, or county) (Stote)				
u e	Active the openly	tology (Sing)				
written	Burial 7/29/72 Mt. Olivet Co	emetery Baltimore, Md.				
3	1111 31 1972 Drday howard	MITCHELD-WEDEFELD 6500 YOR'S Rd.				
	VS 150-REV. 1/1/68	1-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4				



BALTIMORE CITY HEALTH DEPARTMENT 72 07162 CERTIFICATE OF DEATH of death Deceased Such BIRTH NO. I. NAME OF DECEASED DATE AND HOUR OF DEATH (Type or Print) no a hospital death. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance COUSE FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR (4) Undetermined cause; C. CITY OR TOWN 9 D. INSIDE CITY LIMITS? DAITIMOLE NOF YES X prior contributing E. STREET AND NUMBER occurred is made. in regular 5. SEX 6. RACE 9. AGE (In years last birthday) MARRIED NEVER MARRIED 8. DATE OF BIRTH Il Under 1 Yr. Months: Days Hours Min. deceased WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition death done during most of working life, even if retired) 0 EK Was 13. FATHER'S NAME the direct 14. MOTHER'S MAIDEN NAME assistant eath 0 kind; 15. Was Deceased Ever In U. S. Armed Farces? (Yes,no or upknown)[(If yes, give war or dates of service) 6. SOCIAL 17. INFORMANT ADDRESS or final SECURITY NO attendance 13.32.8442 O 0 any pronounced CAUSE OF DEATH APPROXIMATE INTERVAL or his SETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Also, embalmed fracture of LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. Il means the disease, examiner. regular injury or complication which caused death.) ANTECEDENT CAUSES who (B)_______DUE TO, OR AS A CONSEQUENCE OF: are 4 DISEASES OR CONDITIONS, if any, giving ල rise to the above cause (A) stating the = physician before the remains UNDERLYING CONDITION last the chief medical medical burns; No physician was 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). any nature; (2) Body 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED the ō 20A. AUTOPSY? (Yes or No) 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? by 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, form, factory, street, affice bldg., INJURY OCCUR? (II in Boltimare City, give exact location) to the hospital MEDICAL DEATH (natify medical examined) must be obtained 21 D. TIME OF INJURY (except w IMonth) (Doy) IYearl IHoud 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? approved While At Not While (APPROX) Work At Work 22. I certify that (1) (this hospital) attended the deceased from death); that (1) (we) last saw the deceased alive on 2 and that in (my) (our) opinion death occurred an the date shows: (1) An accident of hospital he body was released and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending | Med. 2 Staff Director written approval Phys. 0 DEGREE Z3C. PHYSICIAN'S NAME (Typel prior 23 D. ADDRESS at DEGREE 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily) 24C. NAME OF CEMETERY OF CREMATORY D.O. deceased 24D. LOCATION (City, town, or county) (Stote) 3 Was 25B NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR



FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

T ./	BALTIMORE CITY	HEALTH DEPARTMENT	,	72 07402
1-160 BIRTH NO.	163 CERTIFICA	TE OF DEATH	REG. NO.	TOE MARKTOWN AND
Type or Print TOBER, MARY	NHN	2. DATE AND	HOUR OF DEATH	7 45 AM.
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (Where		institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN B		SIDE CITY LIMITS?
UNION MEMORI	AL HOSPITA	Maryland -D LE. STREET AND NUMBER	a.100.	YES NO
		DITO LOSATIA		234
P I I I I I I I I I I I I I I I I I I I	RRIED NEVER MARRIED DIVORCED DIVORCED		AGE (In years ost birthdoy)	if Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
IDA, USUAL OCCUPATION (Give kind of work 10 B. KI	ND OF BUSINESS OR INDUSTRY	2		12. CITIZEN OF WHAT COUNTRY?
	ome	TLLI NOI	S	U.S.A
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
Joseph THOMAS		Un known.		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no	219 30 0260	Mr. Henry To	ber 3110	Rosalia Ave.2
18. 4 3 I	CAUSE OF DEAT	H Cerebro Vasc	uler Acei	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not meen the mode of dying,	(A) IMMEDIATE CAL	ISE A CONSEQUENCE OF:		
heort foilure, osthenia, etc. It meons the di injury or complication which caused death,	seose,	A CONSEQUENCE OF:		
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, if ony,	giving (B)	A CONSEQUENCE OF:		***************************************
rise to the obove couse (A) stoling	(C)			
II	(0)		,	
O OTHER SIGNIFICANT CONDITIONS CONTRIBU				
TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).		100 A	005	
198. CONDITION WAS PERFORME		20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CA	AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)		(If in Boltimo	ore City, give exact location)
21D. TIME (Month) (Doy) (Year) (House	21 E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX)	While At Not While Work At Work			
22. I certify that () (this hospital) atter	nded the deceased from 3	27-72 1	972 10 7	23 1977.
that N) (we) last saw the deceased aliv	e on 7-27-9	19 7-7 ond the	t in (my) (our) op	inion death occurred on the date
and hour and from the couses stated abo	ove. (I) (We) (did) (did not)	riew the body ofter deoth.		
23A. SIGNATURE	4.0			23B, DATE SIGNED
M. Shocaire	OF D Ath	ending Med. Director	Staff Phys.	7/27/72
Z3C. PHYSICIAN'S NAME (Type)	HV.	UNJON MEMOR	3701 Hasa	Ralbin w. M
MAWYA SHOCAIR	OEGREE 24C. NAME of CEMETERY OF CR			City, town, or county) (Stote)
REMOVAL (Specify)		31		
DUT1AL 7-31-72 2SA. DATE REC'D BY HEALTH DEPT 2SB. N	Moreland Memo		Ito., Md.	
WW 31 1972 Amelyana	Marken tons	2SC. FUNERAL DIRECTOR	mar Tar	n Gora
VS 150-REV. 1/1/6B		Sylving In	and war	

STAN PORTLET IN THE STANK the so pred Mr. Monty Tober 31.0 no of State and burtal 7-11-72 | warelend exactly Fulk Filter, ser, . Har Land 14 Mg 1903

FUNERAL DIRECTOR: IMPORTANT

72 07164 BALTIMORE CITY HEALTH DEPARTMENT 72 07164 CERTIFICATE OF DEATH REG. NO. of death Deceased Such OF MARYLAND-DHMH 2. DATE AND HOUR OF DEATH
JULY 24, 1972 1. NAME OF DECEASED uo (Type or Print) Birdella Murgatroyd hospital 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY attendance (2) Cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Mryland FULL NAME OF HOSPITAL OR C. CITY OR JOWN Undetermined cause; D. INSIDE CITY LIMITS? 0 Baltimore YES PC NO [prior 1638 (arswell Street contributing E. STREET AND NUMBER occurred Carswell Street 1638 regular 9. AGE (In years lost biethday) T 5._SEX 8. DATE OF BIRTH MARRIED NEVER MARRIED If Under 1 Yr. Months: Doys If Under 24 Hrs. deceased E temale WIDOWEDEX DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? isposition death done during most of working life, even if retired) .= U.S.A. Balto. (ity 0 Home M ken SD the 14. MOTHER'S MAIDEN NAME direct 3 3 George W. McCulloh Mary (anoles 15. Was Deceased Ever in U. S. Armod Forces?
(Yos, no or unknown) (II yes, give wer or doles of service) death 0 6. SOCIAL 17. INFORMANT ADDRESS final SECURITY NO. attendance Mary Ethel Kampes-1838 (arswell St. any pronounced CAUSE OF DEATH APPROXIMATE INTERVAL 0 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed o LEADING TO DEATH evend years (A) IMMEDIATE CAUSE fracture (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. it means the disease, regular injury ar complication which caused death.) ANTECEDENT CAUSES who are 4 DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the above cause (A) stating the physician UNDERLYING CONDITION last before the remains Was (2) Body burns; 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING No physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ([A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSYZIYos or Nol the 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 8 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C, WHERE DID home, form, factory, street, affice bldg., INJURY OCCUR? where (If In Boltimore City, give exact location) to the hospital MEDICAL DEATH (notify medical examined any nature; obtained 9 21D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY approved (except Not While (APPROX.) and At Work 22. I certify that (1) (this hospital) attended the deceased from pe that (1) (we) last sow the deceased office on. and that in (my) (out) opinion death accurred on the date hospital eath) accident of and have and from the causes stated above. (1) (We) (did) (3)4-not) view the body after death. must 23A. SIGNATURE 23 B, DATE SIGNED Ö Attending (Med. 0 approval Phys. Director 8 23C. PHYSICIAN'S NAME Hypel prior 23D. ADDRESS at An D.O.A. DEGREE shows: (1) 24A. BURIAL CREMATION, 24E. DATE 24C. NAME OF CEMETERY OF CREMATORY eceased 24D. LOCATION (City, town, or eawhty) (Stote) Burial Parkwood (emetery Balto. Md. Was 25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAD Milber Inc-6+15 Belair Rd.-21206 VS 150-REV. 1/1/68

JE 1675 . 1 SP the disease to the control of the control of

STATE OF MARYLAND-DHAM BALTIMORE CITY HEALTH DEPARTMENT 72 07165 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 72 07165 BIRTH NO 1. NAME OF DECEASED) DATE Known XXX Hour Month Year (Type or Print) OF Ida Moore Estimoled 24 72 DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE Month Dov Year Hour PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF 24 1:15 pem. HOSPITAL OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md e B. COUNTY 2223 E. Biddle Street 6. SEX 7. RACE C. CITY OR TOWN D. INSIDE CITY LIMITS? B. MARRIED NEVER MARRIED Balto. female. White WIDOWED X DIVORCED L YES & NO L 9. DATE OF BIRTH E. STREET AND NUMBER 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. lost birthdoy 0/4 Months, Doys, Hours, Min. Aug. 10, 1887 2223 E. Biddle Street 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME Balto Md.

WHAT COUNTRY?

Charles Hildebrand

14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired) Dora Bausch Retired eamstress 1B. INFORMANT 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (Yes, noter unknown) (If yes, give wor or dotes of service) 225-07-8500 Mr. George P. Kammer-4 Whitethorn Rd. @1220 APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH Arteriosclerotic cardiovascular disease DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) no Z 22A. **EXTERNAL CAUSE WAS** 22B. PLACE OF INJURY(e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E, INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE (APPROX.) AT WORK WORK Inspection Autopsy 1 certify that 1 held on Inquiry ond that on this basis, deoth in my opinion resulted from: Notural couses Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE 7/25/72 Peter Wipkovic, M.D. **EXAMINER'S** ASSOCIATE MEDICAL EXAMINER NAME (Type)

24C. NAME of CEMETERY or CREMATORY

Baltimore (emetery

25B. NAME OF REGISTRAR

JUL 31 1972 Andry Suhverton vs 151-REV. 1/1/68

24B. DATE

24A. BURIAL CREMATION,

25A. DATE REC'D BY HEALTH DEPAY

REMOVAL (Specify)

Burial

ery Baltimore, Maryland
25°. FUNERAL DIRECTOR ADDRESS
John (. Miller Inc-6415 Belair Rd. -21206

(City, town, or county)

(Stote)

24D. LOCATION

peride place . Little at a state at the state of femal & Charles & Sugar 184 .013.50 2.0.2.1 Same and Addition L in a let we will be a let we will be a let we will be a let with a let we will be a let will be Show the property of the solutions. Potes Will vio. . .

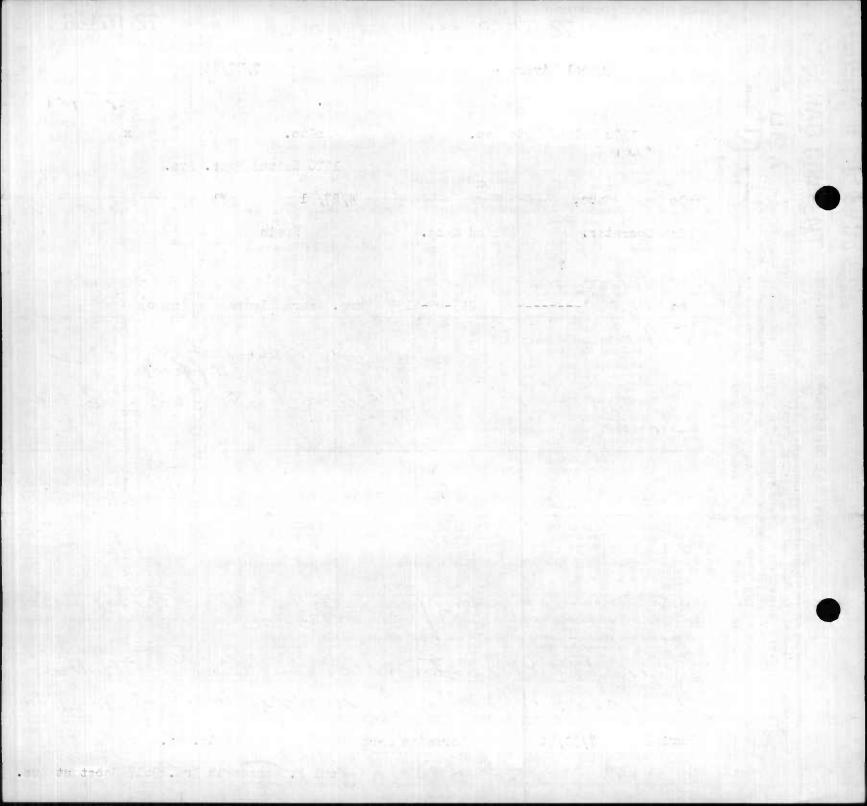
7-8-7 haltime medera

bandwist and the

FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT 72 07166 CERTIFICATE OF DEATH spital and of death Such STATE OF MARYLAND-DHME Undetermined cause; (5) Deceased 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) uo Manuel Rimera hospital 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE ance cause Md. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? attend 0 0 1126 Roland Hgts Ave. Balto. YES X NO E, STREET AND NUMBER contributing prior occurred 1126 Roland Hgts. Ave regular mad 5. SEX 9. AGE (In years 6. RACE B. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. 7. MARRIED X NEVER MARRIED Months Doys deceased lost birthdoy Hours WIDOWED DIVORCED 4/27/01 Male Cauc, WIDOWED DIVORCED 4/27/01 71

10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death isposition done during most of working life, even if retired) Kiln Operator. Allied Chem. Spain 0 SD 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 0 direct 4 ? eath CO v kind; 15. Was Deceased Ever in U. S. Armed Forces ADDRESS 17. INFORMANT 6. SOCIAL final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. attendance Mrs. Laura Rivera 215-09-7199 (same) no any CAUSE OF DEATH APPROXIMATE INTERVAL pronounced 0 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart lailure, osthenia, etc. It meons the disease, the chief medical examiner gular xaminer. injury ar camplication which caused death. ANTECEDENT CAUSES ho 9 are DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, il ony, giving 3 (3) la the obove cause (A) stoting the UNDERLYING CONDITION last. remains physicia medical burns; Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) the Body 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED the 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B, PLACE OF INJURY (e.g., in or about 21C, WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location) (2) where hospital MEDICAL å DEATH (notify medical exominer) nature; obtained 21 D. TIME OF INJURY (Hour) 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) 21E. INJURY OCCURRED 9 Not While approved (except While At (APPROX.) and Work At Work to the any 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive an ond that In(my) (our) opinion death accurred on the date death) hospital and have ond from the couses stated above. (1) (We) (did not) view the body after death. must accident 23 B. DATE SIGNED 23A SIGNATURE Attending -Med Staff Director L 0 approval 0 AME (Type) 23D. ADDRESS prior to 4 24A. BURIAL CREMATION, 24D. LOCATION eceased 0.0 REMOVAL (Specify) written Burial Balto. Md. shows: Lorraine Park SD 25A. DATE REC'D BY HEALTH DEPTY 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Paul E. Chenoweth 3rd. 3617 Chestnut Ave. 3 VS 150-REV. 1/1/68

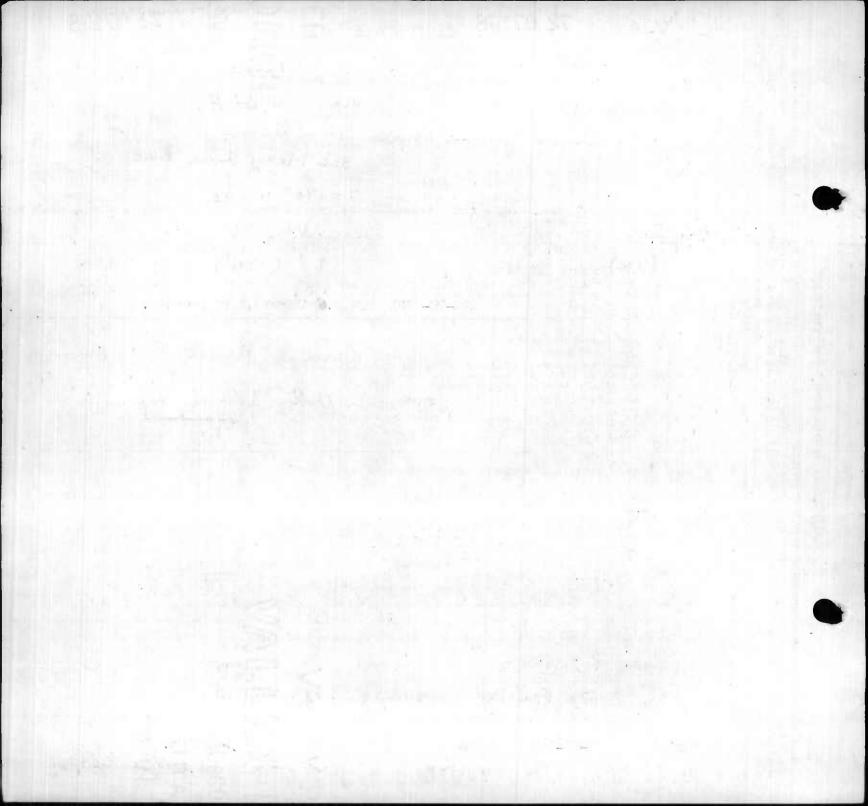


	,~~	and or	BALTIMORE CITY HE	RYLAND=	DHMH TAKENIT				
6-516		0716				DEAT		ומים	07107
BIRTH NO.	M	EDICAL	EXAMINER'S	LEKTIFIC	LATE OF	DEATI	REG. NO	12	07167
1. NAME OF DEC		CHARLES W	M I. LAMBERT, JR	2. DATE OF DEATH	Known Estimoted	Month	Doy	Yeor	Hour M.
	TIMORE, MARYLAN			3. DATE	NICED DEAD	Manth	Doy		Haur
FULL NAME OF	(IF NOT IN HO ADDRESS OR L	SPITAL OR INSTITU OCATION)	JTION, GIVE STREET		NCED DEAD	7	29	1972	2:14a
OR INSTITUTION	200 blk.	Fulton St	. at Pratt St	A CTATE	SIDENCE (Where		ed. If institution: B. COUNTY	residence bel	greadmission)
6. SEX	7. RACE	8. MARRIEI	NEVER MARRIED	C. CITY OR		71.	D. INSIDE CIT		
male	white	WIDOWEI			Balto.		YE	s 📉 N	0 🗆
9. DATE OF BIRTH	1 10. AC last bi	rthday) 24	Under 1 Yr. If Under 24 Hrs. anths: Doys , Haurs , Min.		ND NUMBER 36 Mc Hen:	ry St.			
Maryla			CITIZEN OF WHAT COUNTRY?		les Wil		.ambert	, Sr.	
14A.USUAL OCCU	PATION (Give kind of arking life, even if ret	radil	F BUSINESS OR INDUSTRY						
Carpen	ter	Cont	racting	1	vieve Ju	1d A			
(Yes, no or Unknown)	ED EVER IN U.Ş. AF (If yes, give wor or o	MED FORCES?	17. SOCIAL SECURITY NO. 234-76-468	IB. INFORM		nhort		DRESS	21223
19. 6			CAUSE OF DEA		II C. Lai	unel r	1034 W	APPR	OXIMATE INTERVAL
6	061		Stabwound		st			BETWEE	N ONSET AND DEATH
	E OR CONDITION LEADING TO DEAT		/.NIMMEDIATE /	TALICE					
	at mean the made asthenia, etc. It mea		DUE TO, OR	AS A CONSEQU	JENCE OF:				
	plication which couse								
	NTECEDENT CAUSE		(B)				.4		
RISE TO THE	OR CONDITIONS, IF	STATING THE	(B) DUE TO, OR	AS A CONSEQ	UENCE OF:				
Z UNDERLYIN	IG CONDITION LA	ST.	(c)						
OTHER SIGN TO THE DEA DISEASE OR 20A. DATE OF	II IFICANT CONDITION	IS CONTRIBUTION	ıc		100				
O THE DEA	TH BUT NOT RELATE CONDITION GIVEN	D TO THE TERMIN							
20A. DATE OF			OR WHICH OPERATION W	AS PERFORMI	ED			21. AUTOPS	Y? (Yes ar No)
02								ye	s
OHINDERIVING	NAL CAUSE WAS FOR CONTRIB- USE OF DEATH.	22 ho	B.PLACE OF INJURY(e.g., me, form, foctory, street, affic SCREE	in ar abaut 22 e bldg., etc.)	C. WHERE DID (If in Baltimar Fulton	St. at	Pratt	St.
UTING CA 22D. TIME OF INJURY		(Yeor) (Haur)	22E.INJURY OCCURRED		F. HOW DID IN				
(APPROX.)	7-29-72	2 a m	WHILE AT NOT	WHILE A	Stabbed	during	argumer	it.	
23.				. 🔛	1.1		(C. d.)		
			Inspection Au		and that an th		_	_	
result	ed from: Natural	causes 🔲	Accident Suicio		MICIDE X		ned manner L	_	
ACTUAL	Mal		Plus	ACCIC	TANT MEDICAL E		Txt	D	ATE SIGNED
SIGNATI	, , , , ,	Livn	M.C).	CIATE MEDICAL E		n n		
NAME (T	Manager	rin S. Pl	att, M.D.	ASSO				7-	29-72
24A. BURIAL CREA	(v)		24C. NAME of CEMETERY			LOCATION		, or county)	(Stote)
Burial	8/1	/72	Crest Lawn	Garde	ns Ho	ward	Co., N	laryla	nd
25A. DATE REC'D	BY HEALTH DEPT.	25B. NA	ME OF REGISTRAR		UNERAL DIRECTO			DDRESS	
JIII 3	1 1972 X	tid wer A	Marchonal	Wa	Iters Fu	unera l	Home	Pratt	&Stricke
VS 151-REV. 1/1/6E	/	1/1	Al Wall-D	/31	6 4		100	Stro	ets 2122

Streets 21223

THE LOUIS AN INCOME. Manda D. Zasa

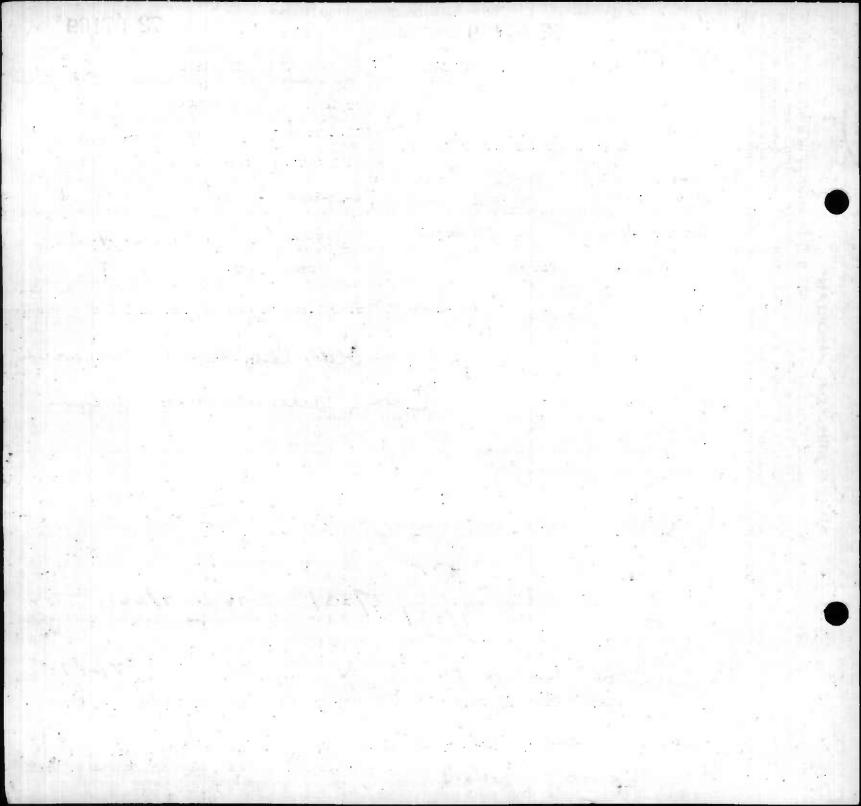
1	אח מא	BALTIMORE CITY	HEALTH DEPARTMENT		ממונים פרי
C-436	72 071	CERTIFICA	TE OF DEATH	REG. NO	72 07168
BIRTH NO.				STATE	
(Type or Print)	HILDRESS	GRACE LEE	7.28		p.m) M
3. PLACE IN BALTIMORE, M	ARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (When		nstitution: residence before odmission)
FULL NAME OF (IF NO HOSPITAL OR ADDITED INSTITUTION	OT IN HOSPITAL OR IN	STITUTION, GIVE STREET	C. CITY OR TOWN	A.A.	IDE CITY LIMITS?
	7 a	Horis &			YES Y NO
South 15a	cumber of	eneral Hospila	E. STREET AND NUMBER	Lou A	ive.
5. SEX 6. RACE	7. 44 A D.	RIED NEVER MARRIED	9	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
F. W	. WIDO	WED DIVORCED	7.5.96	76	Months Doys Hours Min.
10A, USUAL OCCUPATION (Connecting life,		D OF BUSINESS OR INDUSTRY	11, BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife			Rockbridge Co.	Va	America.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
	bert Leight		•	ec) Ethel	
15. Was Deceased Ever in U. (Yes, no or unknown) (If yes, gi		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		228-79-6521	Mrs.A.6hildress	,Sprigwood,	Va.
18.4/10.9	1	CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	NDITION DIRECTLY		0 0.	D. 0	100
(This does not meen	TO DEATH	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	Max.	6 days
heoit foiluie, osthenio,	etc. It meons the dise	ose,	A CONSEQUENCE OF:		0
injuly of complication v		a D-	. 00 (1 A A	A 0:-1
	ENT CAUSES	(B) C p x 2 mg	A CONSEQUENCE OF:	را محمریروم	my chause
rise to the obove		ving DUE TO, OR AS	A CONSEQUENCE OF:	Sheparetin	w0.
UNDERLYING CONDIT		(c)		1	
	II				
OTHER SIGNIFICANT COL					
TO THE DEATH BUT NOT DISEASE OR CONDITION		NAL			
19A. DATE OF OPERATIO	N 198 CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
U 21A. ACCIDENT WAS U	NDERLYING -	21B. PLACE OF INJURY (e.g.,	n or obout 21 C. WHERE DID	(If in Ballimo	re City, give exoct location)
OR CONTRIBUTING C	AUSE OF	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	(I. 111 bullino	re eny, give exact location;
	(Doy) (Year) Hour	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY	_	While At Not While Work At Work	е		
				10 7 2	7.28-1972
22. I certify that (1) (- 9 c		19 7 2 to	
that (1) (we) lost saw				at in (my) (aur) op	inion deoth occurred on the dote
	couses stated abov	e. (1) (We) (did) (did not)	view the body ofter death.		
23A. SIGNATURE	2 Sawhan	Dha	ending Med.	Staff Phys.	7 de 72
23C.PHYSICIAN'S NAME (Type)	DY PAVAN	DEGREE	23D. ADDRESS 3001, South		28.
24A. BURIAL CREMATION,		C. NAME of CEMETERY OF CR			City, town, or county) (State)
REMOVAL (Specify)					
Burial	7-31-1972	Copps		tetourt Co.	va AMA
JUI 31 1972	Dielyelle	ME OF REGISTRAR	Slack Funga		Blood City, The
VS 150-REV. 1/1/68	A	4 4 4	1 4 4		



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

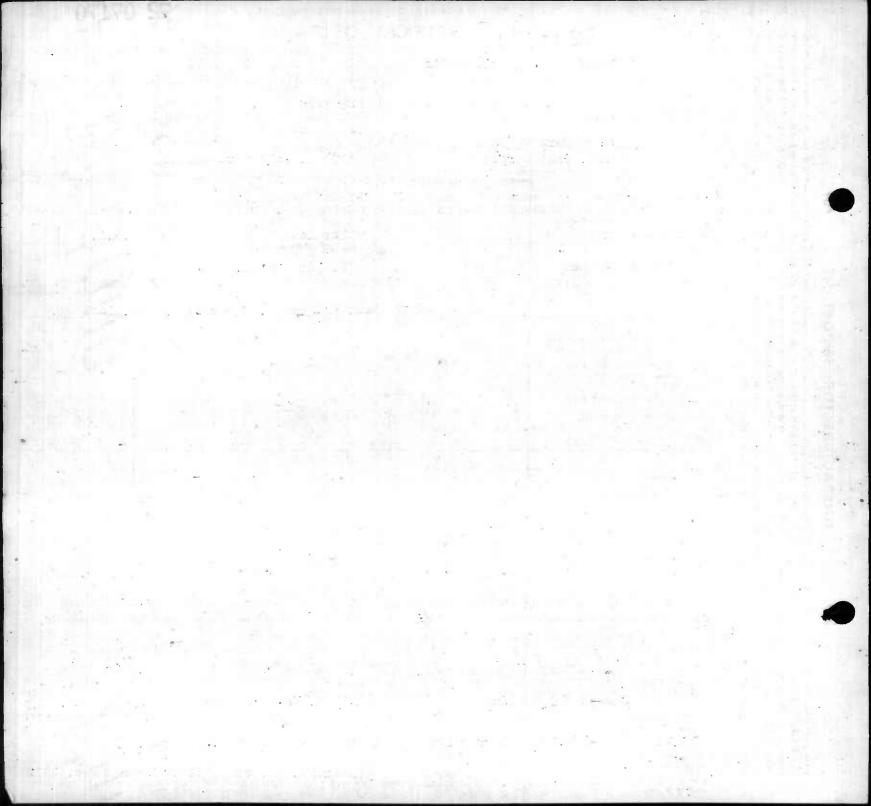
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

1	7 ,01			BALTIMORE CITY				ממו	0174.00	
BIR	-636	72	2 0710	39 CERTIFICA	TE O	F DEATH	REG. NO		0/169	
1, N	NAME OF DECI	CEASED				2. DATE A	AND HOUR OF DE		YLAND-DBMA	Meion
		HARRY	F.	CARTER	** ****** A	July			1 2-	A:M.
3. 1	LACE IN BAL	TIMORE, MARYLAND, W	/HERE PRONOU	INCED DEAD	A. STATE	E B. COU			residence before oan	mission)
FU	ILL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	UTION, GIVE STREET	Mary		Howa		000	0
INS	STITUTION	Application on the	AHOIN			cott City		INSIDE CITY		
	On	Caton Manor	Nursing	z Home	11	T AND NUMBER		YES X	NO [
	10						Meadow Dri	.ve	21043	
5. S	EX	6. RACE	7- MARRIED	NEVER MARRIED	B. DATE		9. AGE (In years lost birthdoy)	II Und	der 1 Yr. If Under	24 Hrs.
	Male	White	WIDOWED	DIVORCED [2-1891	80	1410	J Doy's	MIH.
		UPATION (Give kind of work working life, even if retired)		BUSINESS OR INDUSTRY	11. BIRTH	PLACE (State or for	reign country)	12. CIT	TIZEN OF WHAT CO	UNTRY?
		Machinist	Davis	& Hempel	7	Maryland		U	S.A.	
13.	FATHER'S NAM	ME				HER'S MAIDEN NA	AME			
	Wi1	lliam Ca	arter	7		Sarah	Burns			
15. Y	Wos Deceased	Ever in U. S. Armed Form	rces?	1 6. SOCIAL SECURITY NO.	17. INFOR	MANT			ADDRESS Dr	210/3
-	s, no or unknown) No	(If yes, give wor o, ac.	S Of Services	216-03-1900A	Mr.	William H	Cartor	c~ /.00		21043
	1B. // / /	A (2 I		CAUSE OF DEATH		NIIII	, baller,	DI. 400.	APPROXIMATE INT	ERV AL
	4/6	SE OR CONDITION DIR	RECTLY			Λ			BETWEEN ONSET AND	
		LEADING TO DEATH		(A)IMMEDIATE CAU	ice M	wile CA	1. Short	Lords	muned	e li
		nal mean the made af asthenia, etc. It means		DUE TO, OR AS A		UENCE OF:	01. W	ſ	. N. KYP. J C.	
		mplication which caused		0			4			
	1	ANTECEDENT CAUSES	į.	a Cao	MG	arlin	sclero	ماده	Whom	
		OR CONDITIONS, if		DUE TO, OR AS	A CONSE	QUENCE OF:				*****
1	rise to the	e abave cause (A) G CONDITION last.		(0)						
	UNDERGI	11		(c)						******
N	OTHERSIGNIE	II FICANT CONDITIONS COI	NTRIBUTING							
ATIC	DISEASE OR CO	TH BUT NOT RELATED TO THE	THE TERMINAL							
	19A. DATE OF	F OPERATION 198, CON	NDITION FOR W	WHICH OPERATION	20A. A	AUTOPSY? (Yes or h	No) 20B. IF YES, W	ERE FINDING	S CONSIDERED DEATH?	
CER	21A. ACCIDE	NT WAS UNDERLYING	218.	PLACE OF INJURY (e.g., in	n or obout	21 C. WHERE DID	(If in Bo	Itimore City, gi	ive exoct location)	
AL	OR CONTRIBU	UTING CAUSE OF medical examiner	hometc.)	ne, lorm, foctory, street, off	fice bldg.,	INJURY OCCUR?	,			
U		(Month) (Doy) (Year)	(Hour) 21 E,	INJURY OCCURRED		21F. HOW DID IN	THIPY OCCUR?			
	OF INJURY	,	Whil	ile At Not While	e [7	2111 110 11 21	IJONI COCI			
	(APPROX.)		Worl	rk		_ /		1		
		that (1) (this haspital		-/: -/	5/2	3/	197) to			72.
		last saw the decease) apinian der	ath occurred an tl	ne date
	and haur and	d fram the causes stat	ted abave. (I') (We) (did) (did nat) vi	iew the b	oady after death				
	23A. SIGNATU							23B, D#	ATE SIGNED	
	(1	P ~ (atric	Dhur	ending 5	Med. Director	Staff Phys.		7/2772	-
	23C. PHYSICHA		-	// UEGREE	23D. ADD		· ity a.			
	NAME (T)	^{Type} Cliff Ra	atliff,	Jr.	5772	Westview	Mall. Ba	1 timore	, Md. 21228	2
24A	A. BURIAL CRE	MATION, 248. DATE Specify)		AME of CEMETERY OF CRE			LOCATION	(City, town,		Stote)
										Tiore.
_	Burial	7-29-1 BY HEALTH, DEPT.	1972 Gra	ace Episcopal			Ikridge, 1	Howard (Go. Md.	
111	1 21 10	30 // 11	10 .00	P REGISTRAR					ens Ave. 2	1229
10	TOT 121	12 Traney	MANO	ATT		66	,			
Λ2	150-REV. 1/1/6	38				100				

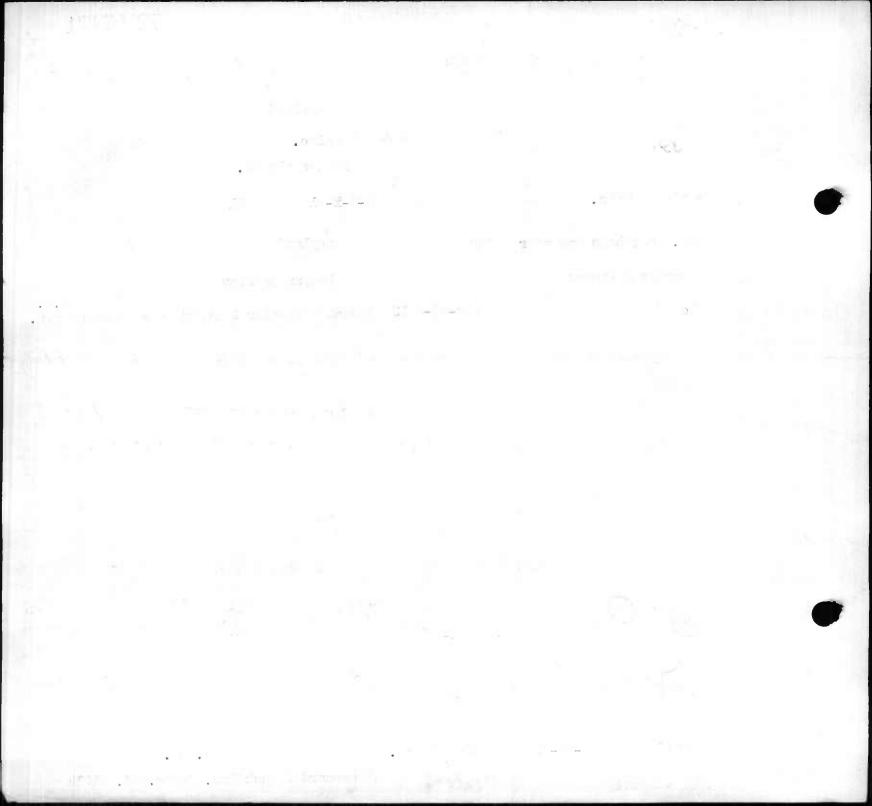


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cat	705	An	0	bric	pre	
ifi	>	=	A.	P	ap	-
This certificate must be approved by the chief medical examiner or his assistant it death occurred in a hospital ai	po) :5	0.0	150	0	
SC	þ	3	S	200	i	
Thi	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of dea	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceas	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on t	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Su	written approval must be obtained before the remains are embalmed or final disposition is made.	1
	-					1

-	7			BALTIMORE CITY	HEALTH DEPARTMEN	T	72 07170	
K	-163	סמי	0747	CERTIFICA	TE OF DEATI	REG. NO.		
I, N	H NO.	ASED	0/1/	Ú		E AND HOUR OF DEATH	OF MARYLAND-D	mri.
(Тур	e or Print)	ESTELLE	RUPI	PERTSBERGER	Ju	ly 27, 1972	1	Mark.
		MORE MARYLAND,			A. STATE B. C	Where deceased lived. If OUNTY	institution; residence before	odmission)
FUL HO INS	L NAME OF SPITAL OR TITUTION	(IF NOT IN HOS ADDRESS OR LO	PITAL OR IN	STITUTION, GIVE STREET	Maryland c. CITY OR TOWN	D, IN	SIDE CITY LIMITS?	<i>U</i> ~
	01	Midtown N	irsino	Home	Baltimore		YES NO]
	70	808 St. Pa	_		1221 W. B	altimore Stre	et	
s. s Fe	male	White	7. MARR	IED NEVER MARRIED DIVORCED X	8-9-1890	9, AGE (In years lost birthdoy) 81	If Under 1 Yr. If Un Months Doys Hours	der 24 Hrs. Min.
		PATION (Give kind of working life, even if retire		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT	COUNTRY?
		eamtrist	0)		Maryland		U.S.A.	
13. F	ATHER'S NAM	I E			14. MOTHER'S MAIDEN	NAME		
	Walt	er Hughes			Esther	Miller		
15. V (Yes	Was Deceased ,no or unknown)	Ever in U. S. Armed (If yes, give was or d	Forces? lates of servi	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	21202
	No			215-54-3347	Mrs. Mildred	O. Roberts.	817 St. Paul S	St.
	1B. 4/2	41		CAUSE OF DEAT		A	APPROXIMATE BETWEEN ONSET	INTERVAL
		E OR CONDITION LEADING TO DEAT			T. il	Relatival.	Jugan Dung	1 lan
	(This daes no	I mean the mode	af dying,		A CONSEQUENCE OF:	7000000	Margari Mark	
	hearl failure, asthenia, etc. Il means the disease, injury ar camplication which caused death.)							
	ANTECEDENT CAUSES							
		R CONDITIONS,		· · · · ·	A CONSEQUENCE OF:			
		above cause (/	A) slating	(C)				
		- 11		(~,	,			
ATION	TO THE DEATH	CANT CONDITIONS (BUT NOT RELATED TO ENDITION GIVEN IN I	THE TERMIN		e Brau	Jyndsone	7	
ERTIFIC/	19A. DATE OF	OPERATION 198. C		OR WHICH OPERATION	20 A. AUTOPSY? (Yes	20B. IF YES, WER	FINDINGS CONSIDERED AUSES OF DEATH?	
CE	21 A. ACCIDEN	T WAS UNDERLYING	G 🗌	218. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DI	D (If in Boltim	ore City, give exact location)
CAL		TING CAUSE OF		home, form, foctory, street, o				
	OF INJURY	(Month) (Doy) (Ye	ai) (Hour)	21E. INJURY OCCURRED While At Not Whil		INJURY OCCUR?		
	(APPROX.)			Work At Work			/ /	
1 1				ed the deceased from	7/13 1972 an	19 <i>66</i> to	7/11/7-	19,
		last sow the dece		/ /			pinion death occurred o	in the dote
			toted obov	e. (1) (We) (did) (did not) v	view the body ofter de	oth.	DATE SIGNED	
	23A. SIGNATUI	The state of the s	1/1	Atte	ending Med.	Staff [23B, DATE SIGNED	
	ODG BUYER	prefit	-XI · 10	DEGREE Phy	s. Director L	Phys.	1/1/1	
	NAME (Ty	Joseph	S. I	31um	23D. ADDRESS 1115 N. Ca	lvert Street	Baltimore, Me	d
24A	BURIAL CREA	AATION, 248, DATE		C. NAME of CEMETERY OF CR			City, town, or county)	(State)
	Burial	7-29-	1972	Loudon Park Ce	metery			
2SA		BY HEALTH DEPTY		ME QF REGISTRAR	2SC. FUNERAL DIRE	Baltimore, M	ADDRESS	
	JUL 31	1972 7	distraction of	Morrow			7 Wilkens Ave	. 21229
140	100 DEV 1/1/6	D	779		1 1 1	7		



1-525	72 071	7.45	HEALTH DEPARTMENT		72 07171
BIRTH NO.			TE OF DEATH	REG. NO STATE . O	
1. NAME OF DECEASED	1 Dorothy C		2. DATE	AND HOUR OF DEATH	6.30
3. PLACE IN BALTIMORE, A	MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (V	There deceded lived If i	institution; residence before admission
			A. SIAIE B. CO	UNII) C 6 1
I HOSHIAL OK ADD	OT IN HOSPITAL OR INS		Maryland		SIDE CITY LIMITS?
Unio	iersity o	+ Muryland	Balto.	D. 1143	YES Y NO
38	/	,	E. STREET AND NUMBER		
5. SEX 6. RACE			406 Edsdale	Rd.	
Female Cau	C. WIDOW		4-5-X-01	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.
dane during most of working life,	Give kind of work 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	areign country!	12. CITIZEN OF WHAT COUNTRY?
Ret. Telepho		C&P	Maryland		TTCA
13. FATHER'S NAME	no operator	001	14. MOTHER'S MAIDEN N	IAME	USA
Charles E J	ansen		Tourier H	olatem	
15. Was Deceased Ever in U. 1Yes, na ar unknawn) (If yes, gi		1 6. SOCIAL	Louisa H	OTROU	ADDRESS
No No	And of order of relation	212-03-6412	Norman C Shoo	lan 2 miles /	N.J.
18. 9 1/1/1/	1	CAUSE OF DEATH	1	TAL 5 ETTAU	Court Convent Sta.
	NDITION DIRECTLY		Λ i		BETWEEN ONSET AND DEATH
	TO DEATH	(A) IMMEDIATE CAU	SE Hoste my	cu-dul in	textion 70m
hearl failure, asthenia,	the mode of dying, e. etc. It means the disco	9. DUE TO, OR AS	CONSEQUENCE OF:		
injury or complication					N
	ENT CAUSES	(B) 17 Y	y. Phyroid	15 m 4	yeurs
nise to the above	ITIONS, if any, givi cause (A) slating t	ng DUE TO, OR AS	CONSEQUENCE OF:		
UNDERLYING CONDIT	ION last.	(c) h+00	adrenul 15m	· 2° to h	10 pit itorism
z	11				
OTHER SIGNIFICANT COL TO THE DEATH BUT NOT DISEASE OR CONDITION	NOTIONS CONTRIBUTION RELATED TO THE TERMINA	G AL	~~~~	******************************	No. 01.000
19A. DATE OF OPERATION	N 198 CONDITION FO	R WHICH OPERATION	20A. AUTOPSY? (Yes ar	Na) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING C	NDERLYING (1)	IR PLACE OF INJURY le.g., in	or about 2/C, WHERE DID	III to Baltimas	Charles and Land
OR CONTRIBUTING C DEATH (notify medical ex	AUSE OF I	ame, form, factory, street, office.)	ice bldg., INJURY OCCUR?	ti in paisiniai	re City, give exact location)
21 D. TIME IMenth)	1Day) 1Year) (Haur) 2	1 . INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
(APPROX)	,	While At Nat While		on www.	
22. 1 certify that (1)		Wark At Work	7///	71 71	7.
that (1) (we) last sow			41: 7)	19 0 10	19 4
					nian death accurred an the date
23A. SIGNATURE	V ranses stated above	(i) (We) (did) (did nat) vi	ew the bady after death	1•	CAR DASS CLAVE
	3		ding Med.	Staff	23R DATE SIGNED
23 C. PHYSICIAN'S	2. 1	DEGREE Phys.	Director L	Staff Phys.	7/26/10
NAME (Typel		U	APPRESS		
24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE 24C.	NAME of CEMETERY OF CREA	MATORY 24D.	LOCATION (Ci	ty, town, ar county) 1Statel
Burial	7-29-72	Parkwood Cem.		Balto. Md	
25A. DATE REC'D BY HEALT		OF REGISTRAR	25C. FUNERAL DIRECTO	OR .	ADDRESS
1111 27 1030	The day in	Mondon 1	Leonard J R	Wck Inc. Bal	to. Md. 21214



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CIT	TY HEALTH DEPARTMENT
172 0'7172 CERTIFICA	ATE OF DEATH REG. NO. 72 (7172
BIRTH NO. /2 U/1/2 CERTIFICATION	STATE OF MARYLAND-DHMH
IType or Printl BELLER, Robert James	7/27/72 8:15 a m
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE IWhere deceased lived, If institutions residence before admissions A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland Montgomery
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	Potomac 20854 YES NO
The Johns Hopkins Hospital	8805 Wooden Bridge Road
5. SEX 6. RACE 7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years 1f Under 1 Yr. If Under 24 Hrs. Months! Days Hours Min.
Male Cauc. WIDOWED DIVORCED	7/1/12
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	11. SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if refired) Retired attorney Federal Trade Comm	. Washington, D.C. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Walter Beller	Jennie Breen
15. Was Deceased Ever in U. S. Anned Forces? (Yes, no or unknown) (if yes, give war or dates of service) SECURITY NO.	Robert F. Beller (son) ADDRESS 20854
no	8216 Inverness Hollow Terr., Potomac, Md.
18. / O / V E CAUSE OF DEA	TH A APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY Decon	mensation post on 10 BETWEEN ONSET AND DEATH
LEADING TO DEATH	1 1 2/1/201 3 1/21 2
I linis does not mean the mode of dying, e.g., "Diff to OP A	S A CONSEQUENCE OF: Fund
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	
ANTECEDENT CAUSES	thative extensive grang 2-3 mm
DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	AS A CONSEQUENCE OF:
nse to the above cause (A) stating the	
UNDERLYING CONDITION lest. (c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART 1 (A).	
194. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION	20A AUTOPSYS (Yes of No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFIING CAUSES OF DEATH?
194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 1951 CTRA	NO IN CERIFFING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.	office bldg. INJURY OCCUR? (If in Beltimore City, give exect location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined NO	N.A.
	N//4 218 HOW DID INJURY OCCUR?
S OF INJURY Not White At Not Wi	hile T
Work that At wor	ik 🗀
22. I certify that (1) (this hospital) attended the deceased from	7/20 1972 10 7/27 19/2
that (1) (we) last saw the deceased alive on 7/20	19 72 and that In (my) (our) opinion death accurred an the date
ond hour and from the causes stated above (1) (We) (dld) (dld not)	view the body after death.
23A. SIGNATURE	23B. DATE SIGNED
DEGREE PI	Hending Med. Stuff 7/27/72
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
FREDERICK H. SKLAR MD.	JOHNS HUPKINS HUSPITAL BALTIMORE MP.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF C	
Burial 7/31/72 Resurrection C	emetery Clinton, Md.
25A. DATE REC'D BY HEALTH DEPT. 7 25B, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR PH GAWLER'S SONS INCADDRESS
WH 31 1079 A 134 7 30 8 3	
VS 150-REV. 1/1/68) 130 MISC. AVE., N. W. WASH., D. C. 20016

hatired attorney | federal Crate Corn. Washington, D.C.

D0025

(nos) melles (son) 8216 invernent Hollow Terr., ctound,

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BALTIMORE CITY HEALTH DEPARTMENT 72 07173 OF MARYLAND-DHM CERTIFICATE OF DEATH Such Deceased death 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) JULY 26, 1972 **EVA SIROTA** Lo hospital death. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance A. STATE (2) cause FULL NAME OF HOSPITAL OR INSTITUTION MARYLANDI (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) CITY OR TOWN D. INSIDE CITY LIMITS? 0 BALTIMORE STREET AND NUMBER IOL PLEASANT MANOR NURSING HOME contributing 6524 EBERLE DRIVE Undetermined regular 9. AGE (In years S. SEX 6. RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthdoy **FEMALE** WHITE WIDOWEDYY DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) isposition done during most of working life, even if retired) = deat BALTIMORE, MARYLAND HOUSEWIFE AT HOME a s 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME 0 4 ELLIS SIROTA ROSE death 0 D 17. INFORMANT 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. ance SIROTA 4159 CRESTHEIGHTS NO any CAUSE OF DEATH or pronounce attend DISEASE OR CONDITION DIRECTLY med of LEADING TO DEATH fracture (This does not mean the made of dying, e.g., bal heart failure, asthenia, etc. It means the disease, 9 injury ar camplication which caused death.) E regul ANTECEDENT CAUSES 0 are DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating the physician UNDERLYING CONDITION last. the remains (C).... Was 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) the 0 WAS PERFORMED the 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? here CAL °Z hospital DEATH (notify medical examiner) 3 MEDIC obtained (Month) (Doy) (Year) 21F. HOW DID INJURY OCCUR? 9 21 D. TIME (Hour) 21E. INJURY OCCURRED OF INJURY White At Not While p (APPROX.) and Work At Work (exce any 22. I certify that (I) (this haspital) attended the deceased from 0 that (1) (we) last saw the deceased alive an pe of 3 hospital eat and have and from the causes stated abave. (1) (We) (did) (did not) view the bady after death. accident 23A. SIGNATURE D Attending X Med. Staff 0 Phys. Phys. Director approval 0 23C. PHYSICIAN'S 23D. ADDRESS prior to o NAME (Type) An A. A. SILVER 6210 PARK HEIGHTS AVENUE shows: (1) 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION eceased D.0 he body

208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct location) and that in(my) (aut) apinion death accurred on the date 23B. DATE SIGNED 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) (City, town, or county) BURIAL 7/28/72 BETH ISAAC ADATH ISRAEL BALTIMORE, MARYLAND 25W WATE REC'D BY HEALTH DEN 2SC. FUNERAL DIRECTOR ADDRESS LEVINSON & BROS., 6010 REISTERSTOWN ROAD SOL VS 150-REV. 1/1/68

YES

If Under 1 Yr. Months Doys

USA

ADDRESS

NO

12. CITIZEN OF WHAT COUNTRY?

BETWEEN ONSET AND DEATH

If Under 24 Hrs.

WALL SECTION ASSESSMENT

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THE PRINTS STREET, WILLIAM THE PRINTS DE-

A. A. SIRNER

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	B-600 72 07174	BALTIMORE CITY	HEALTH DEPARTMENT	4	72 07174		
-	BIRTH NO.	CERTIFICA	TE OF DEATH	STATE O	MARYLAND DHAD		
-11	I. NAME OF DECEASED		2. DATE	AND HOUR OF DEATH			
	Type or Print) Toseph Bace		7/25	5/2	1550 A.M.		
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOL	UNCED DEAD		here deceased lived, if in	stitution: residence before admission)		
	FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION)	UTION, GIVE STREET	C. CITY OR TOWN		DE CITY LIMITS?		
	Sinai Hospital		Baltimore		YES NO		
9	Belvence & GREENSFRING A)		E. STREET AND NUMBER				
	Baltimore, Mary lanozilis		6984 Wilsec	1 Host Hoo	JRIVE, APT. B1		
	5. SEX 6. RACE 7. MARRIED		8. DATE OF BIRTH	% AGE (In years	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.		
	MALE HITE WIDOWED	XXX DIVORCED	2/22/99	losf birthdoy) 73 XXXXX	Monins Doys Hours Min.		
	IOA. USUAL OCCUPATION (Give kind of work TOB. KIND OF	BUSINESS OR INDUSTRY	11, BIRTHPLACE (State or to	reign country)	12. CITIZEN OF WHAT COUNTRY?		
Н	done during most of working life, even if retired SHC)P	RUSSIA		USA		
Н	13. FATHER'S NAME	74	14. MOTHER'S MAIDEN N.	AME			
	WILLIAM BAER		IDA ?	AME			
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
Щ	NO			ER, 322 CHERR	RY CHAPEL RD. #21136		
	18.493X1	CAUSE OF DEATH	Pulmouson		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
1	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	2008 D	10-Rolmonar	7 Herest	•		
Ш	(This does not meen the mode of dying, e.g.,	(A) IMMEDIATE CAU	SE				
Ш	heart failure, asthenio, etc. It means the disease,	DUE TO, OR AS A	S A CONSEQUENCE OF:				
Ш	injury or complication which caused death.)	Acti	2002				
Ш	ANTECEDENT CAUSES		4114	***************************************			
П	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the	DUE TO, OR AS	A CONSEQUENCE OF:				
-11	UNDERLYING CONDITION lost.	(c)					
				·			
Ш	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)						
II	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	******************					
ı	19A-DATE OF OPERATION 19B CONDITION FOR V WAS PERFORMED	VHICH OPERATION	20A. AUTOPSY? (Yes or)	10 208, IF YES, WERE F	INDINGS CONSIDERED JSES OF DEATH?		
	OR CONTRIBUTING CAUSE OF hom elc.	PLACE OF INJURY (e.g., in e, form, foctory, street, of	or obout 21 C. WHERE DID	(if in Boltimore	e City, give exoct locotion)		
Ш	21D.TIME (Month) (Doy) (Year) (Hour) 21E, OF INJURY	INJURY OCCURRED	21F. HOW DID IN	LJURY OCCUR?			
	[APPROX.] Whi	ile At Work					
			<u> </u>	***			
	22. I certify that (1) (this hospitel) attended the that (1) (we) lost sow the deceased alive on			1972 10 50			
1			19ond 1	that in (my) (ove) apin	nion deoth accurred on the date		
	and hour and from the couses stated above. (1	(tentil) (did-not) vi	ew the body after death	•			
	23A. SIGNATURE	Alla	nding Med.		23B, DATE SIGNED		
I	Robert Goopnick, M.	OEGREE Phys.		Staff Phys.	7192 15		
	23 C. PHYSICIAN'S NAME (Type)	2	3D. ADDRESS				
	ROBERT KROOPNICE	V OEGREE	9008 Mead	thoisturo.	s Ro.		
	24A. BURIAL CREMATION, 24B. DATE 24C. NA REMOVAL (Specily)	ME of CEMETERY OF CRE		WILL.	y, town, or county) (Stote)		
	BURIAL 7/27/72 CHIZ	ZUK AMUNO (ARI	INGTON) B	ALTIMORE, MAI	RYLAND		
	25A. DATE REC'D BY HEALTH DEPT/ - 25B. NAME O		25C. FUNERAL DIRECTO		ADDRESS		
	JUL 31 1972 Judgey by				REISTERSTOWN ROAD		
1	/S 150-REV. 1/1/68	tion to	302 22,71.001.	4 2.000,0010			

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
This certificate the body was reshows: (1) An acwas D.O.A. at a deceased prior written approve	

111	N		BALTIMORE CITY	HEALTH DEPART	MENT	יים חייוים
111-350 BIRTH NO.	72	07175	CERTIFICA	TE OF DEA	ATH STATE	OF MARYLAND BHMH
1. NAME OF DEC				2.	JULY 27, 1972	Ad .
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL RESIDER	NCE (Where deceased lived.	If institution: residence befare admission)
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET	MARY L.		INSIDE CITY LIMITS?
JEWISH CONVALESCENT HOME				BALTI	MORE	YES NO NO
90				E. STREET AND N	PALL MALL ROAD	
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. II Under 24 Hrs.
FEMALE	WHITE	WIDOWED	XX DIVORCED	12/5/189		Months Doys Hours Min.
	UPATION (Give kind of work working life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (St	ate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWI	FE	AT	HOME	POLAND		USA
13. FATHER'S NA	ME			14. MOTHER'S MA	IDEN NAME	
JACOB S	SCHWARTZ			RAC	HEL NUSINOV	
5. Wos Deceased Yes, no or unknown	Ever in U. S. Armed For	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO			212-01-0474D	MR. MAX SC	HWARTZ, 7020 F	IELDCREST ROAD #21215
18. 154	1.11		CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DI	RECTLY			. 1	
(71: 1	LEADING TO DEATH		(A) IMMEDIATE CAL	ISE Mutos	tote Care	inime jo months
heart loilure,	not mean the mode of asthenia, etc. It means	the diseose,	DUE TO, OR AS	A CONSEQUENCE OF		
injuty of cor	nplication which caused	deoth.)		0)	Restur	
	ANTECEDENT CAUSES		(B)	CHF		10 en . atte
	OR CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE	OF:	
	e obove couse (A) G CONDITION last.	stating the	(c)	AJFID		27-00
	- 11		(0/			
OTHER SIGNI	FICANT CONDITIONS CO	NTRIBUTING				Programme and the state of
▼ DISEASE OR C	TH BUT NOT RELATED TO THE					
D / O /	/ VALAC DEDI	EORAGED	WHICH OPERATION	20 A. AUTOPSY?	(Yes or No) 20B. IF YES, W	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF medical exominer		PLACE OF INJURY (e.g., i	ffice bldg., INJURY O	RE DID (If in Bol	timore City, give exoct location)
21 D. TIME	(Month) (Day) (Year)	(Hour) 21E.	INJURY OCCURRED	21F. HOW	DID INJURY OCCUR?	
OF INJURY			ile At Nat Whil			
		Wo				
22. I certify	that (1) (this hospital) ottended ti	- / -	16/13	19 7 6 to	7/27 1972
that (I) (we)) lost sow the decease	ed olive on	7/26	1970	ond that in (my) (our)	opinion deoth occurred on the dote
ond hour on	d from the couses sto	ted obove. (I) (We) (did) (did not) v	view the body ofte	er deoth.	
23A. SIGNATI	JRE	, (23B, DATE SIGNED
	22 3m	my	Dh.	ending Med.		7/27/72
23C. PHYSICIA	ANS)	DEGREE	23D. ADDRESS		
NAME (ISRAEL 2	ZINBERG	P. M. L.	4000 W.	NORTHERN PKWY	
24A. BURIAL CRE	MATION, 24B. DATE		DEGREE AME OF CEMETERY OF CR		24D. LOCATION	(City, town, or county) (Stote)
BURIA	Specify)		rz chaim		BALTIMORE.	
	BY HEALTH DEPJ,		OF REGISTRAR	25C. FUNERAL	DIRECTOR	ADDRESS
WN 31	1972 Friday	and the	hoston	SOL LEVI	NSON & BROS.,6	010 REISTERSTOWN ROAL
VS 150-REV. 1/1/	6B	1				

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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

1/	410 1046	o ordi	BALTIMORE CITY	HEALTH DEPARTMEN	Т	70 67171		
14-68	12	2 071	CERTIFICA	TE OF DEATH	REG. NO.	12 11/1/10		
BIRTH NO. 1, NAME OF DECEASED 2, DATE AND HOUR OF DEATH								
(Type or Pri	nt) FANNII	E YARLIC	CK	JU	LY 26, 1972	1:45 A.M		
3. PLACE I	N BALTIMORE, MARYLAND, W			4. USUAL RESIDENCE		f institution: residence before admission)		
FULL NAM	OR ADDRESS OR LOC	TAL OR INSTIT	UTION, GIVE STREET	MRRY LAND	D. II	NSIDE CITY LIMITS?		
1	10 FALLSTAFF RO	AD		BALTIMORE		YES NO		
00	TO TRUBBING NO.	rub		E. STREET AND NUMBI				
5. SEX	6. RACE	7	W MENTED MADDIED	8. DATE OF BIRTH	STAFF ROAD	If Under 1 Yr. If Under 24 Hrs.		
			NEVER MARRIED DIVORCED		lost birthdoy)	If Under 1 Yi. If Under 24 Hrs. Months Days Hours Min.		
FEMAI	LE WHITE OCCUPATION (Give kind of wor	WIDOWED		12/26/1909	foreign country)	12. CITIZEN OF WHAT COUNTRY		
	most of working life, even if retired)							
H(OUSEWIFE	AT I	IOME	WILKES BARRE, PA. USA				
	ARCUS LEVIN			ANNA	?			
15. Was De	ceosed Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS		
	nknawn) (If yes, give wor ar dot	es of service)	SECURITY NO.					
NO	0		CAUSE OF DEAT		RLICK, 3910	FALLSTAFF ROAD #2121		
1B.	82491		CAUSE OF DEAT	П		BETWEEN ONSET AND DEATH		
	DISEASE OF CONDITION DI LEADING TO DEATH	IRECTLY	Old	ensencen	1000 a Vali	2 mm 2 mm		
/This	daes not mean the made of	duing on	(A) IMMEDIATE CAL		Tracy ver	2 0		
heart	failure, asthenia, etc. 11 means	s the disease,		A CONSEQUENCE OF:				
injury	injury ar complication which coused death,)							
	ANTECEDENT CAUSES							
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:							
	la the above cause (A) RLYING CONDITION last.	sloling the	(c)					
-	11		(0)	-	^			
¥ TO THI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).							
	1994. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 2014. AUTOPSY? (Yes or No) 2018. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
OR CO	CCIDENT WAS UNDERLYING DINTRIBUTING CAUSE OF (notify medical examiner)	218 hon etc	B. PLACE OF INJURY (e.g., ine, farm, foctory, street, o	n or obout 21 C. WHERE DI	ID (If in Boltin	more City, give exact lacation)		
21 D. TI		(Hour) 216	. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?			
E OF INJ			nile At Not Whil					
	Work At Work							
22. 1 0	22. I certify that (1) (this hespital) attended the deceased fram 1 - 18 1958 to 7 - 26 1972.							
that (I	that (1) (we) last saw the deceased alive an 7-24 19 12 and that in (my) (eus) apinian death accurred an the date							
and he	and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death.							
23A. SI	23A. SIGNATURE 23B. DATE SIGNED							
1	Johnson Wolfer & Med. Shoff 7-26-72							
23C. PH	YSICIAN'S		- OK OKEE	23D. ADDRESS		11 6-0		
N/	STANLEY	R. STEI	NBACH Q	11 SLADE A	VENUE			
	L CREMATION, 248. DATE	24C. N	AME of CEMETERY OF CR	EMATORY 24	D. LOCATION	(City, town, or county) (State)		
	URIAL 7/27/7	2 NEW	HAR SINAI		REISTERSTOWN	, MARYLAND		
25A. DATE	REC'D BY HEALTH DEFT.	25B. NAME	OF REGISTRAR	25C. FUNERAL DIRE		ADDRESS		

31 SOL LEVINSON & BROS., 6010 REISTERSTOWN VS 150-REV. 1/1/6B

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72 07177, STATE OF MARYLAND-DHMH BALTIMORE CITY HEALTH DEPARTMENT

1	5-650		MED	DICAL	EX	AMINER'S	CERTIFI	CATE OF	DEAT	H PEG NO	72 1	07177
BII	RTH NO.									KEO. 140.		
	1. NAME OF DECEASED (Type or Print) EUGENE BARNEY				2. DATE OF DEATH	Knawn Estimated	Manth	Day	Year	Hour M.		
4.	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				3. DATE		Manth	Doy	Year	Hour '		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION				PRONOUNCED DEAD July 20, 1972 3:15 A. 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)								
0	1.10		Paul S	treet			A. STATE	Marylan		B. COUNTY	10	202
	SEX	7. RACE		8. MARR	IED [NEVER MARRIED	C. CITY OR			D. INSIDE CI	TY LIMITS?	
	Male	Whi	te	WIDOW	VED [DIVORCED [Balti	more		YE	es 🗌	NO 🗌
9.	DATE OF BIRTI	Н	10. AGE (last birthd	In years ay)36		der 1 Yr. If Under 24 Hrs. is Days Haurs Min.		St. Paul	Stree	et		
11.	BIRTHPLACE (S	Slote or fore	ign cauntry)			TIZEN OF HAT COUNTRY?	13. FATHER	'S NAME				
	USUAL OCCU				OF B	USINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN NA	WE			
						7						
	WAS DECEAS s, no or unknown					17. SOCIAL SECURITY NO.	18. INFOR	MANI		AL	DDRESS	
	19	10				CAUSE OF DEA	TH	****				PPROXIMATE INTERVAL
	DISEAS	E OR CON	DITION DIRI	ECTLY		Fatty m	netamor	phosis of	liver		BETV	WEEN ONSET AND DEATH
		LEADING T				(A)IMMEDIATE						a ser
	heart failure	, asthenia, et	e made of d	e disease,		DUE TO, OR	AS A CONSEC	UENCE OF:				
	injury ar can	nplication wh	nich caused de	eath.)								
	Al	NTECEDEN	TCAUSES			(8)						
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE						AS A CONSE	QUENCE OF:				
z	LUNDERLYING CONDITION LAST.											
ē	(V)											
X			NDITIONS C									
E			T RELATED TO			100000000000000000000000000000000000000						
CERTIFICATION	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.						VAS PERFORMED 21.				OPSY? (Yes or No)	
A A	22A. FXTER	22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g.,						2C WHERE DID	(if in Baltima	ire City give exp	et location)	
MEDICAL	UNDERLYING UTING CA	228. PLACE OF INJURY (e.g., in or about DID (if in Baltimare City, give exact location) UNDERLYING CAUSE OF DEATH. 228. PLACE OF INJURY (e.g., in or about DID (if in Baltimare City, give exact location) INJURY OCCUR?										
2	OF INJURY (APPROX.)	(Manth)	(Day) (Yea	or) (Hav	W		WHILE	22F. HOW DID IN	IJURY OCC	UR?		
	23.	_	1000		m. W	ORK L AT V	VORK					
		I certify that I held an Inquiry Inspection Autapsy ond that on this basis, death in my opinion										
	resul	resulted from: Natural courses Accident Suicide Homicide Undetermined monner										
	10301	Deputy CHIEF MEDICAL EXAMINER 🗵										
	ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED											
	The second of the State of	SIGNATURE ASSOCIATE MEDICAL EXAMINER 7/2/72 EXAMINER'S Ronald N. Kornblum, M.D. ASSOCIATE MEDICAL EXAMINER 7/2/72										
	NAME (1		Konare	a N. r	COTI	ib Luiii, M. D.	A550	A KI	TO M	V DO U	0.0	C MARY! A
	A. BURIAL CREA		248. DATE		240	NAME of CEMETERY	or CREMATO	DRY A DIE	MOUNDA	म महार महार	of coom	i) NI (State) I LA
KE	MOVAL (Speci	"y)	7-2-	1-72	4			TIME	VERS	ITY MI	FDIC	AL SCHOOL
25	A. DATE REC'D	BY HEALTH	DEPT.		AME	OF REGISTRA'S	25C.	FUNERAL DIRECT	OR	A	DDRESS	at Demoni
		JUL 3	1 1972	, XX	rds	rey whost	SNA	MORT	UARY	SERV	ICE	- BCHD
٧S	151-REV. 1/1/68	8		1 19		200	0 3	6				. /

8-3-1972 - Completion of cause of death on a pending medical examiner death certificate Rohald N. Kornblum, M.D. HRS

FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
•	This certificate must be approved I the body was released to the host shows: (1) An accident of any natuwas D.O.A. at a hospital (except deceased prior to death); and (6) written approval must be obtained

	BALTIMORE CITY HEALTH DEPARTMENT								
1	CERTIFICATE OF DEATH REG. NO. 72 07178 CERTIFICATE OF DEATH								
	1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH 2. DATE AND HOUR OF DEATH								
	111an Cox 7-21-72 6.05 Pm								
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) 8. COUNTY								
	FULL NAME OF ADDRESS OR LOCATION) INSTITUTION (F NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) D. INSIDE CITY LIMITS?								
7	dincoln Momorial Wasing Home Rouns will YES NO NO								
	27 Nicarey St. Op/limerey Md 21209 (Crounsville Stole Hospila)								
	BOOK WIDOWED WINDOWED 18. DATE OF BIRTH 19. AGE (In years lost birthdoy) Months Doys Hours Min.								
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY?								
	UKKNOWN UKKNOWN UKNOWN USA								
	3. FATHER'S NAME								
	5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS								
	Tes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.								
	18. A CAUSE OF DEATH APPROXIMATE INTERVAL								
	DISEASE OR CONDITION DIRECTLY								
	(This does not mean the mode of dying as (A) IMMEDIATE CAUSE Cardio-Respusatory Catagos								
	heat foilure, asthenia, etc. 11 means the disease, injury or complication which coused death.)								
	ANTECEDENT CAUSES (B) ASCVO								
	DISEASES OR CONDITIONS, if any, giving ise to the obove cause (A) stoting the								
	UNDERLYING CONDITION last. (c) Horlie Stenosus c monte college								
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL								
	O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 179A. DATE OF OPERATION WAS PERFORMED 200A. AUTOPSY? (Yes or No.) 179A. CONDITION FOR WHICH OPERATION WAS PERFORMED 200A. AUTOPSY? (Yes or No.) 179A. CERTIFYING CAUSES OF DEATH?								
	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?								
	218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID NOT COUR? (If In Boltimore City, give exoct location) OR CONTRIBUTING CAUSE OF Committee of the country of the coun								
	21D. TIME (Mon#i) (Doy) (Yeor) (Hour) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR?								
	(APPROX.) While At Work Not While I								
	22. I certify that (I) (this hospital) attended the deceased from 3-14- 1972								
	that (1) (we) last saw the deceased alive on								
	and haur and from the couses stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED								
	1167. 10 off a Teef M. Attending Med. Staff 7-21-72								
	23C. PHYSICIAN'S NAME (Type) A. I. BAYKALER, Mb 30/ Mc Mechen St. Barto md								
	4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME OF CREMATION CREMATION (State) 24C. NAME OF CREMATION (State)								
	7-26-72 AMATUMI BUARD OF MARYLAND								
	54. DATE REC'D BY HEALTH DEST. 25B. NAME OF REGISTRAR PROPERTY OF THE PROPERTY								
IF	S 150-REV. 1/1/68								

In crowns ville From 1956 - 3/14/72 Store Store of the
24A. BURIAL CREMATION, REMOVAL (Specify)

25A. DATE 24C. NAME of CEMETERY of CREMATION

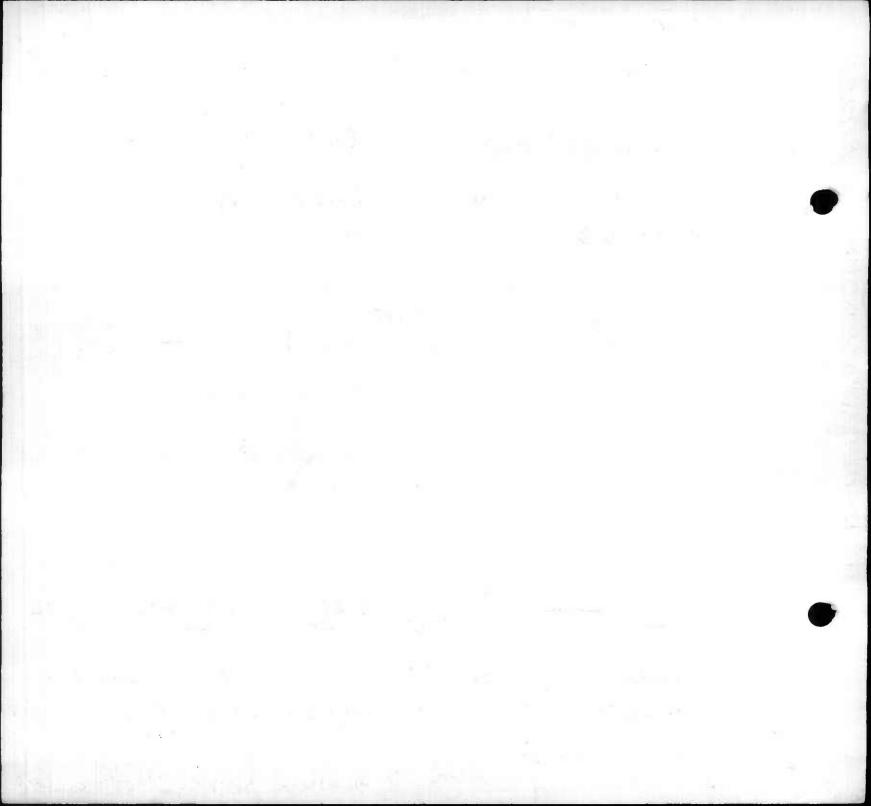
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR

VS 151-REV. 1/1/68

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. 21/25/12 Examine. IMPORTANT released by medical FUNERAL DIRECTOR: Caro.

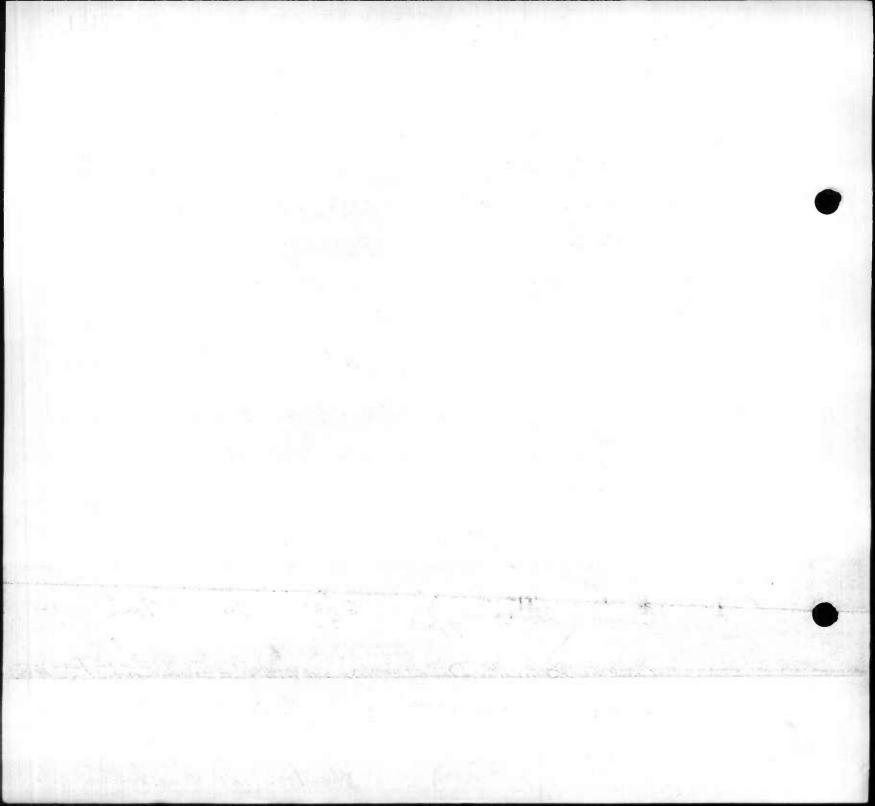
VS 150-REV. 1/1/68

	C-615 MD BA	LTIMORE CITY I	HEALTH DEPARTMENT		72 67400			
	C-6/5 72 07180 CE	RTIFICAT	E OF DEATH	REG. NO.	14 U / 18U			
	1. NAME OF DECEASED	6 - b	2. DATE AND	STATE OF DEATH	MARYLAND-DHMH			
	TAL CARPETO	FER	7-2/-	72	10:07 Pm.			
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DE	iAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT	Y	itutions residence before odmissian)			
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVEN ADDRESS OR LOCATION)			there-	1101			
	INSTITUTION		BALTIMORE D. INSIDE CITY LIMITS? YES ON NO					
17	MARY CANDGEN HOSP	1	E. STREET AND NUMBER					
			1213 N. CAL	VERTSA-	BALTIMORE #02			
	to a lal	MARRIED 8.	DATE OF BIRTH	AGE (In years ast birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS done during most of working life, even if retired)	OR INDUSTRY 17	1. BIRTHPLACE (State at foreig	n cauntry)	12. CITIZEN OF WHAT COUNTRY?			
	RETIRED		GA.		US			
	13 FATHER'S NAME	14	4. MOTHER'S MAIDEN NAM	E				
	15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor ar dates of service) 16. SOCIA	RITY NO.	7. INFORMANT		ADDRESS			
	226	6 ()						
	10.2	ARCLN	omn of D	2 NSTATE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	LEADING TO DEATH	2-3 years						
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. 11 means the disease,							
	injury or complication which caused death.) WITH ME 165 (656)							
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF:							
	the to the above cause (M) stating the							
	UNDERLYING CONDITION last. (C)							
		1,000	the service					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	+1427	Florunec					
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OP	ERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	IDINGS CONSIDERED			
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF	INJURY (e.g., in o	or about 21C. WHERE DID	(If In Baltimore	City, give exoci location)			
	S DEATH (notify medical examiner)	ctory, street, affice	e bldg., INJURY OCCUR?					
	21D. TIME (Manthl (Doy) (Year) (Hour) 21E. INJURY O							
	(APPROX.) While At Wark							
	22. I certify that (1) (this hespital) attended the deceas	8/- 1972						
	that (1) (we) last saw the deceased alive an							
	and haur and from the causes stated abave. (1) (We) (did nat) view the body after death.							
	Jackson 1/2 1	Attendi	ing Med. Si	1000	3B DATE SIGNED			
	23C.PHYSICIAN'S	DEGREE Phys.	Director P	hys.	1-11/			
MELENCIO VENTURA 2404 EASTRIDGE Rd Time								
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CE.	METERY OF CREAT	NATOMY PRINT	APPR () F MY	tan o county (Stote)			
	7-26-72	**	ALLE COLLEGE COLLEGE	THE TIME	INTLAND,			
	25A. DATE REC'D BY HEALTH DOT, 258, NAME OF REGISTE	N OU	TENTIFE DEETON	HEDICAL S	Nodress			
	JUL 27 1315 / Story March 18	3 - 9	MUKILARY	SERVICE C	Matthewal Boul			



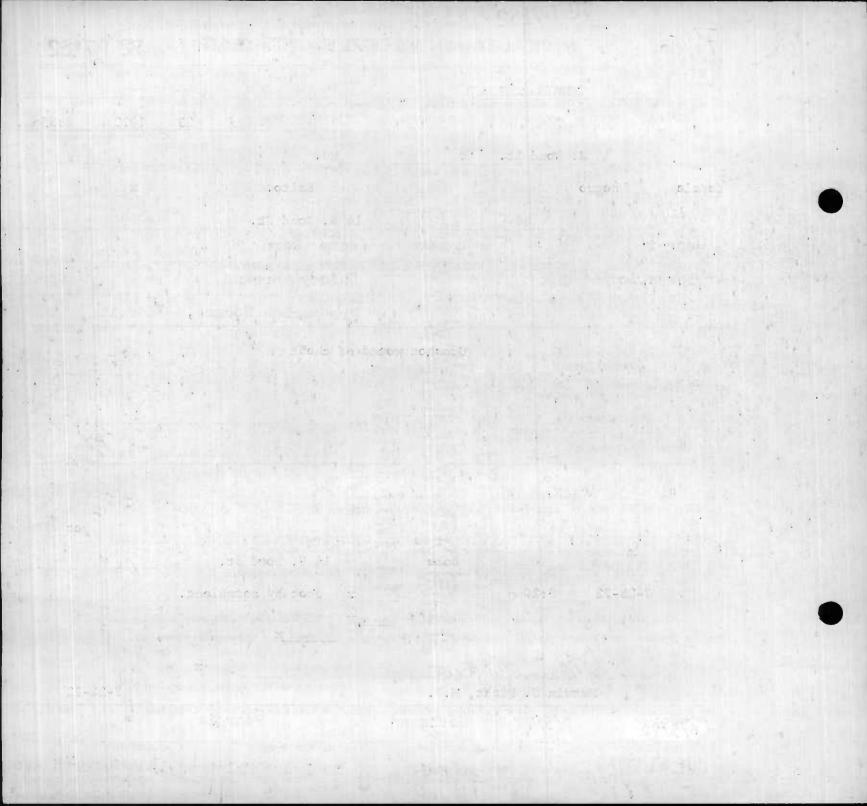
This certificate must be appraved by the chief medical examiner ar his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shaws: (1) An accident of any nature; (2) Bady burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance an the deceased priar to death. Such written appraval must be obtained befare the remains are embalmed ar final disposition is made. FUNERAL DIRECTOR: IMPORTANT

11									
-	R-655 72 07	181 CERTIFICA	HEALTH DEPARTMENT	REG. NO.	72 07181				
В	RTH NO.	TOT CEKTIFICA	TE OF DEATH		MARYLAND DHILL				
	NAME OF DECEASED	j		HOUR OF DEATH	10 -11				
	Frances Kul	IRMAN	7-2	3-72	111- 0:11				
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT	e deceased lived. If insti	lution: residence before admission)				
115	JLL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ASTITUTION, GIVE STREET	MARVIA	20	1/01				
ii	ISTITUTION	. /	C. CITY OR TOWN	D. INSIDI	E CITY LIMITS?				
do	Bolton Hill Nursin	ng Home		,	YES NO				
W	1400 John Street	-	E. STREET AND NUMBER	VI.	Congress				
5			1306 W. Frd.	nnlin St	, Hotel				
	maki	RIED NEVER MARRIED		ost birthdoy	If Under 1 Tr. If Under 24 Hrs. Months Doys Hours Min.				
16	A. USUAL OCCUPATION (Give kind of work 10B, KIN	WED DIVORCED	3/22/97	ost birthdoy 73					
do	ne during most of working life, even if retired)	D OF BUSINESS OF INDUSIE	11. BIRTHPLA CE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?				
	Office Work		Baltimore	, md.					
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	VE.					
	Edwin Puser		Grav	/					
15.	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS				
	No	562-36-065							
1	18.///	CAUSE OF DEATH			APPROXIMATE INTERVAL				
	DISEASE OF CONDITION DIRECTLY		•		BETWEEN ONSET AND DEATH				
	LEADING TO DEATH	(A)IMMEDIATE CAU	" a trun lu	to levele	W 4 4 4 6 1				
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise	e.d.	A CONSEQUENCE OF:	0 0- / -0-/	7/1/				
	injury or camplication which caused deoth.)	030,							
	ANTECEDENT CAUSES	(B) The	trus lun	7 P. 18					
	DISEASES OR CONDITIONS, if any, giving DUE 10, OR AS A CONSEQUENCE OF:								
	nise to the obove cause IA) stoting UNDERLYING CONDITION last.	(C)							
	11	(7/2000-1010-1010-1010-1010-1010-1010-1010							
NO.	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	NG							
¥	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	******************************							
CERTIFICATION	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPST? (Tes or No)	20B. IF YES, WERE FIN	DINGS CONSIDERED				
	21A. ACCIDENT WAS UNDERLTING	228 81 4 65 65 4444444							
11	OK CONTRIBUTING L CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off	ice bldg., INJURY OCCUR?	(If In Boltimore C	City, give exact location)				
CAL	DEATH (notify medical examine)	etc.)							
MEDI	21D. TIME (Month) (Doy) (Teor) (Hour) OF INJURY	21 E INJURY OCCURRED	21F. HOW DID INJU	RT OCCUR?					
1	(APPROX.)	While At Not While At Work	'		- /				
	22. I certify that (I) (this hospital) attend	ed the deceosed from	6/30 19	26.10	7/23 192				
	that (1) (we) lost sow the deceased alive	on 7/23	and the same of th		on death accurred on the date				
	ond hour and from the couses stated abov	e. (1) (We) (did) (did nat) v!							
	23A. SIGNATURE	40		23	B, DATE SIGNED				
	al Nan	Oh oh	Med. Director P	hoff hys.	7/2/m				
	23C. PHYSICIAM'S NAME (Type)	DEGREE	3Q. ADDRESS	.,,,,	19				
	A-LOW A	MACHT ME	ZE KEA	0 5T Bu	Toll Med				
24/	A BURIAL CREMATION, 248, DATE REMOVAL (Specify)	C. NAME OF CEMETERT OF CRE	1 M V 240.00	FARTY OF WHY	towny py country. (State)				
	7-26-72		THE POINT DUP	AND OF MIA	KYLAND				
25/		MENOS MADISTRAR	UNSELFUNE & BRECTOR	AFDICATE S	C MO CADDRESS				
	IIII 31 1979 Treduce la	Thomas of	MODIFIED	Trattor 3	CHUMON I				
VS	150-REV- 1/1/68	5/10	THE THE PARTY OF T	CANTILATION	THE THE PARTY AND				



72 GOLGO STATE OF MARYLAND - DHMH

	.~	01795	BALTIMORE CITY HE	ALTH DEPA	RTMENT					
K-152	M	EDICAL F	EXAMINER'S			DEAT	H REC NO	72 (7182	
BIRTH NO.							REG. NO			
1. NAME OF DEC	CEASED			2. DATE	Knawn 🔲	Manth	Day	Year	Hour	
(Type or Print)	TOM	MIE ROBIN	ISON	OF DEATH	Estimoted				м.	
4. PLACE IN BAI	LTIMORE, MARYLAN			3. DATE		Month	Doy	Year	Haur '	
FULL NAME OF			TION, GIVE STREET	PRONO	UNCED DEAD	7				
HOSPITAL OR INSTITUTION	ADDRESS OR I	LOCATION)					23	1972	8:35p _M	
OKINSIIIUIION				A. STATE	ESIDENCE (When	e deceased li	B. COUNTY	n: residence b	etare admission)	
00	14 S.	Bond St.			d.		2. 000		501	
6. SEX	7. RACE	8. MARRIED	NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
female	negro	WIDOWED			Balto.			ES X	поП	
9. DATE OF BIRT			Under 1 Yr. If Under 24 Hrs.	E STREET	AND NUMBER			E2 E2 L	40 L	
	6/24 last bi	irmady) // mo	onths Doys Haurs Min.							
		46			. Bond St					
	State or fareign count		CITIZEN OF	13. EATHER						
Georgia	a		WHATEOUNTRY?	Jess	e Ward					
14A.USUAL OCCL	JPATION (Give kind of	wark 148. KIND O	F BUSINESS OR INDUSTR			ME				
done during mestof.	tronking life, even if ret	ired)		Dai	sey Bro	own				
LA MAC DECEAS	SED EVER IN U.S. AF	DALED FORCES	II.7 SOCIAL	18. INFOR	AANIT			DDDFCC		
	(If yes, give wor or c		SECURITY NO.	Man C	Martha	Hode	ag U	ADDRESS		
				Firs	Marcha	11006		corgia		
19. []	1 E X		CAUSE OF DEA	TH					PROXIMATE INTERVAL	
L DISCEASE		DIRECTIV	Gunshot wo	und of	chest			02.111	LETT OTTGET AITO OCATI	
DISEAS	SE OR CONDITION LEADING TO DEAT									
(This does n	nat mean the made		(A) IMMEDIATE (AS A CONSEC	LIENCE OF					
heart failure	e, asthenia, etc. It meo mplication which cause	ons the disease,	50E 10, OK	AS A CONSEC	OENCE OF:					
injury dr coi	inplication which cause	a deam.,								
A	NTECEDENT CAUSE	ES	(8)							
DISEASES	OR CONDITIONS, IF	F ANY, GIVING	(B)	AS A CONSE	QUENCE OF:					
RISE TO TH	E ABOVE CAUSE (A	STATING THE								
Z	TO CONDITION EA		(c)							
Ĕ	II									
OTHER SIGN	NIFICANT CONDITION									
	R CONDITION GIVEN		***************************************							
20A. DATE O	F OPERATION 208.	CONDITION FO	R WHICH OPERATION W	AS PERFORA	MED			21. AUTO	PSY? (Yes ar Na)	
01,									yes	
₹ 22A. EXTER	RNAL CAUSE WAS	1221	B. PLACE OF INJURY (e.g.,	in or about	OC WHERE DID	/It := 0 altima	es City siys s	ract leasting)	yes	
UNDERLYING	G TOR CONTRIB-	hoi	me, farm, factory, street, affic	e bldg., etc.)	NJURY OCCUR?	(ii iii buiiiiii	ire City, give e	kaci iocaliali)		
	AUSE OF DEATH.		home		14 S. Bon			501		
OF INJURY	(Manth) (Doy)	(Year) (Hour)	22E. INJURY OCCURRED		22F. HOW DID IN	NJURY OCC	UR?			
(APPROX.) 7	-23-72	8:20 p m.	WHILE AT NOT	WHILE X	Shot by	assai1	ant.			
23.		P III.	NORK ATT	Out Las						
1 cer	tify that I held on	Inquiry [Inspection Au	topsy K	ond that on t	this bosis,	deoth In m	opinion		
			Accident Suicio		omicide K		ined manner			
resui	Ited from: Notural	couses [Accident 🔲 Suicio				inea manner			
ACTUAL	2	./	,00		CHIEF MEDICAL	EXAMINER			DATE SIGNED	
ACTUAL		larren &	1 PCAUS M.E	ASS	STANT MEDICAL	EXAMINER	X			
EXAMIN	IED:C	1 2 71			CIATE MEDICAL	EXAMINER		- 0		
NAME (Mart	in S. Pla	tt, M.D.					7-2	24-72	
24A. BURIAL CRE	MATION, 248. DA	ATE .	24C. NAME of CEMETERY	or CREMATO	ORY 24D.	LOCATION	(City, to	vn, ar county)	(Stote)	
RE. BURT	TI 8	5/5/72	Richmond			eorg	ıa			
25A. DATE REC'D	BY HEALTH DEPT,	258. NAA	ME OF REGISTRAR	25C.	FUNERAL DIRECT	TOR		ADDRESS		
11.11 21	10000	· le ses A	2 12					206 11	Worth Av	
ANT OT	1312	ALL THE PERSON	- CARLAND	A A	dolphus	Hals1	tead 1	ZUO W	orth Av	
VS 151-REV. 1/1/6	8	11115	111-12	0 1	. 7				. /	



VS 151-REV. 1/1/68

8/472 - Correction form from funeral director.

FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any noture; (2) Body burns; (3) A fracture of ony kind; (4) Undetermined cause; (5) Deceosed wos D.O.A. at o hospital (except where the physician who pronounced deoth wos in regulor ottendance on the deceased prior to death); and (6) No physicion was in regulor ottendonce on the deceased prior to death. Such written approvol must be obtoined before the remoins are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

1-021								
BIRTH NO.	154 CERTIFICA	TE OF DEATH	X					
I.NAME OF DECEASED		2. DATE AN	D HOUR STATE					
(Type or Print) YOUNGBLOOD, PO	DY OSCAR	7-29	7-72	1//-/-				
3. PLACE IN SALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	4. USUAL RESIDENCE (When		stitution: le idence before odmiss				
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	C. CITY OR, TOWN	D. INSI	H, DE CITY LIMITS?				
USPHS Hospital		HAGERS TOWN YES NO						
X 3/00 Wyman PARK D.	eive .	(20) HARVARO ROAD						
5. SEX 6. RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years tost birthdoy)	II Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.				
	WED DIVORCED	8-17-1931	37					
10A. USUAL OCCUPATION (Give kind of work 108, KIN done during most of working lile, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?				
Telepline InsTALLER		MARYLA	ND	USA				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE .					
George Youngblood		KATHERU	NEWALTE.	es				
15. Was Deceased Ever in U. S. Amed Forces? (Yes, no or unknown) (If yes, give wor or dates of serv		17. INFORMANT		ADDRESS				
Voc 1950-1954	715-26-9786	PATIEN	UT CHAR					
18. 20 / X	CAUSE OF DEATH	4		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY		21111	/	J. //				
LEADING TO DEATH	(A) IMMEDIATE CAU		nchopneumon	11A / Week				
	(This does not mean the mode of dying, e.g., heart failure, astherio, etc. It means the disease, injury or complication which caused death)							
ANTECEDENT CAUSES	· nANC	- y Loons		6 months				
DISEASES OR CONDITIONS, if any, gi	iving (B) DUE/10, OR AS	A CONSEQUENCE OF:		6 mond				
	rise to the obove couse (A) stoting the							
11			7 372	les cons				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
			1					
TO THE DEATH BUT NOT RELATED TO THE TERMIN OF DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL	I'ma auroecy (Ver or No	N COD IE VEC WEDE	THOMAS CONSIDERED				
TO THE DEATH BUT NOT RELATED TO THE TERMIN OF DISEASE OR CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?				
TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., in	n or oboti 21 C. WHERE DID	yes .	FINDINGS CONSIDERED USES OF DEATH? e City, give exect location				
TO THE DEATH BUT NOT RELATED TO THE TERMIT DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION I WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	FOR WHICH OPERATION	n or oboti 21 C. WHERE DID	yes .					
TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 199. DATE OF OPERATION 198. CONDITION IN WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, oli	n or oboti 21 C. WHERE DID	at in Boltimor					
TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 1794. DATE OF OPERATION 1198. CONDITION IN WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	POR WHICH OPERATION 218. PLACE OF INJURY (e.g., in home, form, foctory, street, olietc.) 21E. INJURY OCCURRED While At Not While	n or obo61 21 C. WHERE DID injury occur?	at in Boltimor					
TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 119A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Manth) (Doy) (Year) (Hour) OF INJURY (APPROX.)	PAL 218. PLACE OF INJURY (e.g., ir home, form, foctory, street, olietc.) 218. INJURY OCCURRED While At Not While Work	n or obodi 21C. WHERE DID injury occur? 21F. How DID INJU	In Boltimor	e City, give exact location)				
TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Manth) (Day) (Year) (Hour) OF INJURY (APPROX.) 22. 1 certify that (1) (this haspital) attended.	PAL 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, oli etc.) 21E. INJURY OCCURRED While At Not While Many Not While Many Not Work ded the deceased fram	n or obodi 21C. WHERE DID fice bidg., INJURY OCCUR?	URY OCCUR?	e City, give exact location)				
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REG. NO. OK. STANDER A. W.

BALTIMORE CITY HEALTH DEPARTMENT

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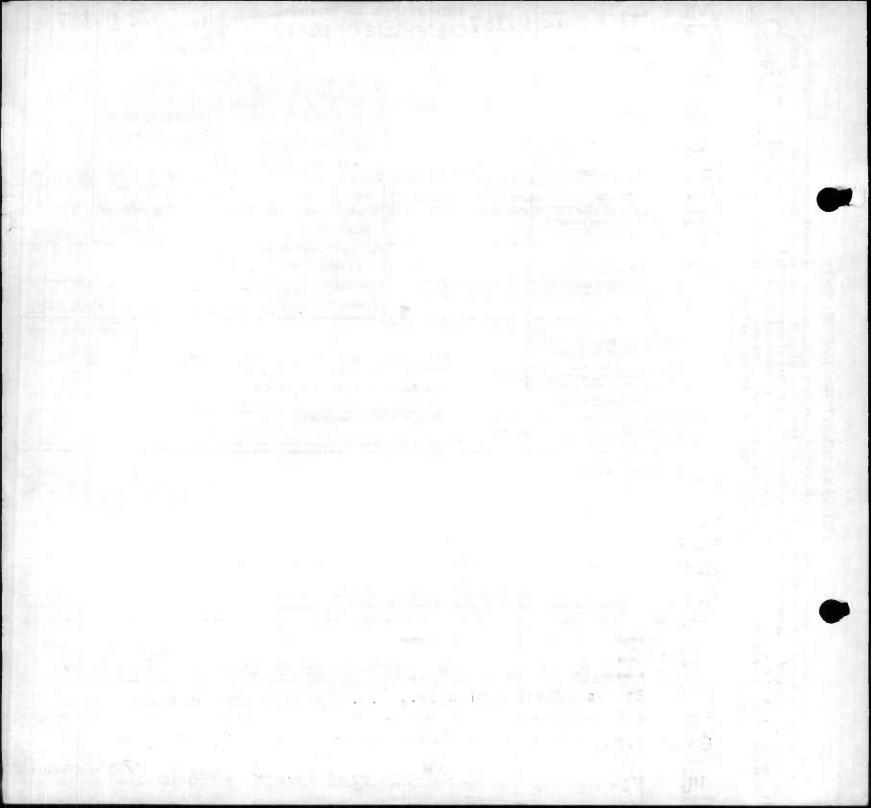
		WED	ICAL E	XAMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO)	0 1 1.0	
BIRTH NO.	FACED				IIo DATE					Lo	
(Type or Print)	HEL	EN GRA	RY		2. DATE OF	Known L	Month	Doy	Year	Hour	
4. PLACE IN BAL	TIMORE MA	PVI AND W	HERE PRON	OLINCED DEAD	3. DATE	Estimated	Manth	Day	Year	Haur	<u>M.</u>
FULL NAME OF HOSPITAL	(IF NO1		LORINSTITUT	ON, GIVE STREET	11	UNCED DEAD	7	29	1972	9:15	а м.
OR INSTITUTION	1703 W	. Lomb	ard St.		5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission). A. STATE Md. B. COUNTY						ssion)
6. SEX	7. RACE		8. MAPPIED	NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
female	white		WIDOWED		Balto. YES NO						
9. DATE OF BIRTI	1910	10. AGE (In last birthdoy	yeors If U 61 Mon	nder 1 Yr. If Under 24 Hrs. ths 1 Days 1 Hours 1 Min.		W. Lomb	ard St				
11. BIRTHPLACE (S	state or fareig	n cauntry)	12.	CITIZEN OF	13. FATHER	'S NAME	-				
MARY	LAN	D	'	WHAT COUNTRY	un	tnown					
14A.USUAL OCCU	PATION (Give	kind of work 1	4B. KIND OF	BUSINESS OR INDUSTR			ME				
dane during most of w	L	en ifretired)		_	aint						
16. WAS DECEAS		U.S. ARMED	FORCES?	17. SOCIAL	18. INFOR	MANT			ADDRESS		2127
(Yes, go or unknown)				SECURITY NO.	M. T	Kind	1 : 71			+121	2/22
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	E OR CONDI		TLY			041410141					
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heort foilure	, asthenia, etc. nplication whic	It means the	disease,	DUE 10, OK	AS A CONSEC	DENCE OF:					
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	NTECEDENT			(B)							
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IINDERLYIN	NG CONDITI			(c)							
<u> </u>		II									
O THE DE	ATH BUT NOT	RELATED TO	THE TERMINAL								
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0						no					
Z 22A. EXTER	NAL CAUSE	WAS	22B.	PLACE OF INJURY(e.g.	, in or obout	22C. WHERE DID	(If in Boltimo	re City, give e	xact location)		
UNDERLYING UTING CA				e, form, foclary, street, offi							
OF INJURY	(Manth) (D	ay) (Year)	Haur) 2	2E, INJURY OCCURRED		22F. HOW DID II	VJURY OCC	UR?		0	100
(APPROX.)			m		WHILE WORK						
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result	ted fram: N	atural caus	ses X A	ccident L Suici		amicide 🔲		ned manner			
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EXAMIN NAME (1		Marvi	n S. Pl	att, M.D.	ASSO	CIATE MEDICAL	EXAMINER		7-29-	72	
24A. BURIAL CREA		4B. DATE	24	IC. NAME of CEMETERY	or CREMAT	DRY, 240	LOCATION	(City, ta	wn, or county)	(Ste	ate)
BURIA	12	8-1-	72	GLEN H	AVER	1 6	LENE	BURNI	E	mi)
25A. DATE REC'D	BY HEALTH I	To level	25B NAME	OF DEGISTRAR	25C.	FUNERAL DIREC	HILAD	TIM	ADDRESS	TOPN	V DI
JUL 31 (312 /	1	1 -7	200	. 00	TA	IWID	100	700	73	-700
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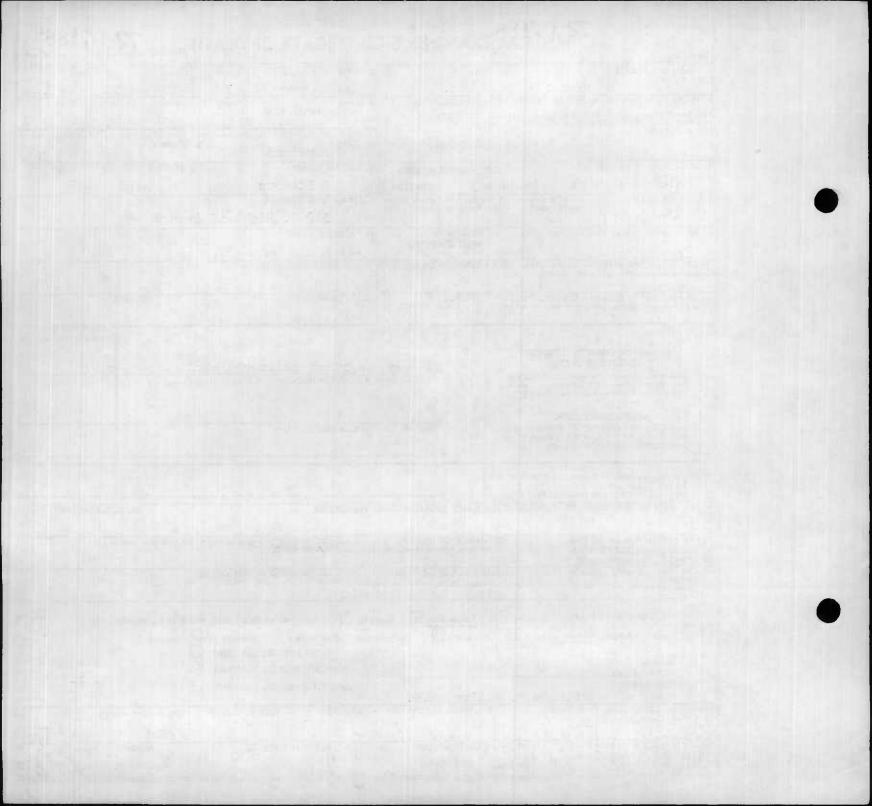
		72 6	718	STATE OF MA	RYLAND-DE	PTMENT				
W-300 BIRTH NO.				EXAMINER'S			DEAT	H REG. NO.	72 0	7186
NAME OF DEC		Elzie V	lood		2. DATE OF	Known 🖾	Month 7	Doy 27	Year 72	10:15P.M.
4. PLACE IN BAL FULL NAME OF HOSPITAL				ONOUNCED DEAD	3. DATE PRONC	UNCED DEAD	Month 7	Doy 27	Year 72	10:15 P.M.
OR INSTITUTION		Cedard			S. USUAL I A. STATE	RESIDENCE (Where	e deceased liv			efare admission)
S. SEX	7. RACE			ED NEVER MARRIED		RTOWN		D. INSIDE C	ITY LIMITS?	
Male Date of Birth May 9.		10. AGE (In lost birthdo) 52	WIDOW years	IFU DIVORCED IFU nder 1 Yr. If Under 24 Months Days Hours	Hrs. E. STREET	Baltimore AND NUMBER 4026 Ceda	rdale		ES <u> </u>	ио 🗌
South (carolin	n country)		12. CITIZEN OF WHAT COUNTRY?			.ruare	Avenue		
4A.USUAL OCCU one during most of w Roofer	PATION (Give vorking life, ev	kind of work en if retired)	Roofi	OF BUSINESS OR INDU	Stry 15. Moth	Jeffers	ME			
6. WAS DECEAS (es, no or unknown)	ED EVER IN	J.S. ARMED or or dates	FORCES of service)	? 17. SOCIAL SECURITY NO. 251-01-920	18. INFOR	MANT e Wood Car	ver 72		ood Ave	e.
DISEAS (This does in heart follure	E OR COND LEADING TO of mean the asthenia, etc. aplication whice	DEATH mode of dyl	ng, e.g.,	CAUSE OF	DEATH	nshot woun	d of h	ead		PROXIMATE INTERVAL EEN ONSET AND DEATH
DISEASES O	NTECEDENT OR CONDITION E ABOVE CAL IG CONDITI	ONS, IF ANY, ISE (A) STAT ON LAST.	GIVING ING THE	(8) <u>DUE TO,</u>	OR AS A CONSE	QUENCE OF:				
TO THE DEA	IFICANT CON ATH BUT NOT CONDITION	RELATED TO	THE TERMI RT 1 (A).	NAL						
				FOR WHICH OPERATION					Ye	PSY? (Yes or No)
22A. EXTERI UNDERLYING UTING CAL 22D. TIME (OF INJURY (APPROX.)	USE OF DEA	RIB- NH. (Year)	(Hour	22B. PLACE OF INJURY (come, form, factory, street, HOUSE 22E.INJURY OCCURR WHILE AT WORK		22C. WHERE DID (NJURY OCCUI?) 4026 Ceda 22F. HOW DID IN: Shot duri	rdale	Avenue R?	ct location)	511
	od from: No		_		7	and that on the amicide E CHIEF MEDICAL E	Undetermin	death In my led manner [DATE SIGNED
EXAMINI NAME (T	ype) W:		P. M	ulloy, M.D.		CIATE MEDICAL E				7-28-72
REMOVAL (Specif Burial	y) 7	-31-72		Arbutus Mem			utus,	(City, town	co., Md	(Stote)
JUL	BY HEALTH D	EPT.	258. N	AME OF REGISTRAR	In	Shall W		1735		
S 151-REV. 1/1/68		1	N		O Paral	DICAL WE	Jones,	J	larford	Ave.

of death Deceased Such and LO hospital eath. ance (4) Undetermined cause; (5) cause Ö attend 0 prior contributing occurred disposition is made. in regular deceased death SD M the eath 0 or final attendance any pronounced embaimed of fracture chief medical examiner in regular who 910 physician before the remains WOS burns; No physician (2) Body the where to the hospital any nature; obtained 9 (except and 99 eath) 30 hospital the body was released An accident must Ö 0 approval 0 prior to. was D.O.A. shows: (1) eceased decease

BALTIMORE CITY HEALTH DEPARTMENT 72 07187 CERTIFICATE OF DEATH REG. NO. I NAME OF DECEASED 2 DATE AND HOUR OF DEATH (Type or Print) July 29, 1972 3 5 Pm 3: 05 Pm
4. USUAL RESIDENCE IWhen deceased lived. If institution: residence before admission
A. STATE
B. COUNTY 305 3:05 PM Alfred 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Baltimore City HE NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Mary land HOSPITAL OR C. CITY OF TOWN D. INSIDE CITY LIMITS? The Johns Hopkins Hospital Baltimore YES 4 NO E. STREET AND NUMBER Calhoun 5. SEX 6. RACE B. DATE OF BIRTH 9. AGE Un years If Under 24 Hrs. II Under 1 Ys. Months! Days 7. MARRIED NEVER MARRIED Havis lost birthday Months Male Nears 09 WIDOWED DIVORCED 10A USUAL OCCUPATION Give kind of working KIND OF BUSINESS OR INDUSTRY 116 BIRTHPLACE ISlate of loreign country 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) City Sanitation Worker North Carolina USA A MOTHER'S MAIDEN NAME William Thomas 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no grunknown) (If yes, give wat or doles of service) 6 SOCIAL 17. INFORMANT SECURITY NO. NO Ade LLE TERRACE A 231 18 75 7 CAUSE OF DEATH APPROXIMATE INTERVAL 18. BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Sminutes ardest (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: preumonia squamous cell cancer) ANTECEDENT CAUSES (B) DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 218. PLACE OF INJURY le.g., in or about 21 C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF (If In Boltimore City, give exact facation) MEDICAL DEATH inotify medical examined 21D. TIME (Houd (Month) (Day) (Year) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At (APPROXI At Work Work 19 32 29 22. I certify that (1) (shie hospital) attended the deceased from July 21 2:30 PM July 29 1972 that(1) (46) lost saw the deceased office on... and that in (my) (art) opinion death occurred an the date and hour ond fram the causes stated obove. (1) (##) (##) (different) view the body after death. 23A. SIGNATURE 23B DATE SIGNED Attending | Director Kennes Buene Phys. DEGREE 23C.PHYSICIANS 23D. ADDRESS BUSICK JAMES 20 Mc Elderr GEGREE (State) 24A. BURIAL CREMATION, 24C, NAME of CEMETERY OF CREMATOR REMOVAL (Spegify) 8 BY HEALTH DEBY 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS 35 HARTORA 150-REV. 1/1/68



VS 151-REV. 1/1/68



hospital and use of death (4) Undetermined cause; (5) Deceased Such 0 death. attendance contributing cause 0 prior is made. in regular deceased disposition Was the 0 death or final attendance any pronounced embalmed regular are (6) No physician was in where the physician before the remains the chief medical Body 0 any nature; (2) to the hospital obtained approved (except and death); of hospital was released must 0 approval 0 prior to

D.O.A.

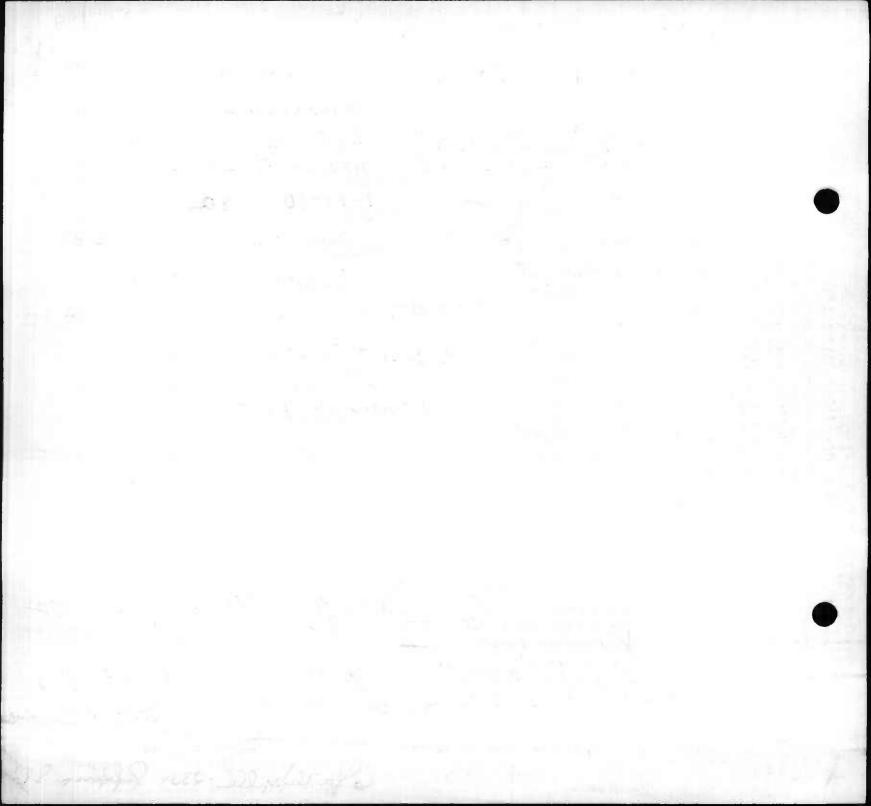
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BALTIMORE CITY HEALTH DEPARTMENT 72 07189 CERTIFICATE OF DEATH REG. NO. 2. DATE AND HOUR OF DEATH 1. NAME OF DECEASED (Type or Print) 7-28-72 Ray sephin 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission)
A. STATE
B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Bethanope C. CITY OR TOWN D. INSIDE CITY LIMITS? Ballimore YES 14 4613 Park Heights NO E. STREET AND NUMBER Ballimone, mid 713 N. MUNIFORd 5. SEX 6. RACE 9. AGE (In years 7. MARRIED NEVER MARRIED B. DATE OF BIRTH If Under 1 Yr. Months! Doys If Under 24 Hrs. Hours : Min. lost birthdo Female WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of fareign country) 12. CITIZEN OF WHAT COUNTRY? dane during mast of working life, even if retired) SALESLADY BAKERY U.S.A MARYLAUD 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William IRGINIA dRIS 15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) 6. SOCIAL ADDRESS SECURITY NO. 18. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO. OR AS A CONSEQUENCE OF hearl failure, asthenia, etc. Il means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION WAS PERFORMED 20 A. AUTOPSY? (Yes or No) 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTINO CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, farm, factory, street, office bidg., INJURY OCCUR? (if in Boltimore City, give exact location) MEDICAL DEATH (notify medical examined) 21 D. TIME 21 E. INJURY OCCURRED (Month) (Doy) (Year) (Hour) 21F. HOW DID INJURY OCCUR? OF INJURY Not While (APPROX.) At Work 22. I certify that (i) (this haspital) attended the deceased from that (1) (we) last saw the deceased alive an and that in (my) (our) apinion death accurred an the date and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE Attending 23C.PHYSICIAN'S NAME (Type) 23D. ADDRESS 24A. BURIAL CREMATION, REMOVAL (Specify) 248, DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, BURIAL 31 ALTO. NATIONAL 250 FUNERAL DIRECTOR VS 150-REV. 1/1/68

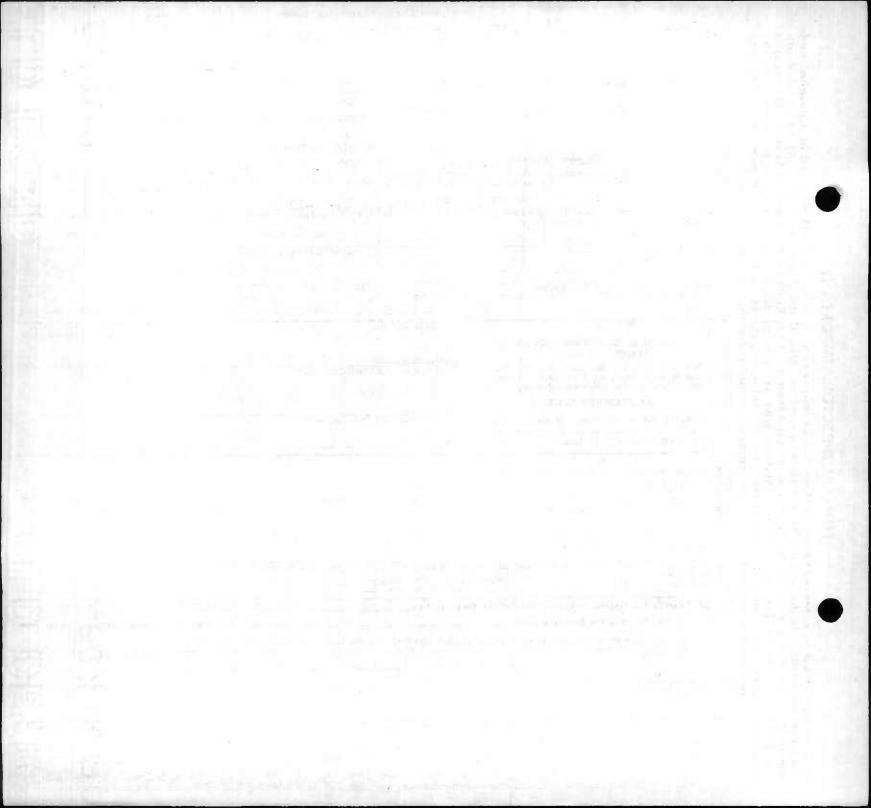


FUNERAL DIRECTOR: IMPORTANT

(4) Undetermined cause; (5) Deceased Such h occurred in a hospital and contributing cause of death 0 death. ance attend 9 prior regular mad deceased disposition 2 Was the direct death 0 final attendance any pronounced 10 embalmed regular GLO physician the remains Was No physician (2) Body the 0 before Where to the hospital any nature; obtained 9 approved (except and of death) hospital must 0 approval 0 prior t D D.O.A. pespese MOS

BALTIMORE CITY HEALTH DEPARTMENT 72 07190 CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. OATE AND HOUR OF THE (Type or Print) Jessie Lambert 7-28-72 12:30 Pm. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, II institution; residence A, STATE

B. COUNTY Maryland FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ACCRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? Baltimore YES X NO E. STREET AND NUMBER Mercy Hospital, Inc. 407 N. Robinson St. 5. SEX 6. RACE B. DATE OF BIRTH MARRIED NEVER MARRIED 9. AGE (In years Il Under 1 Yr. Manths: Days Il Under 24 Hrs. last birthday Female White WIDOWED DIVORCED 10-25-12 IOA. USUAL OCCUPATION (Give Lind of work 10 B. KINO OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or lateign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) MARYLAND U.S. A RESSER 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME MISTER ORSERT 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give war or dates of service) 6. SOCIAL Y. INFORMANT ADDRESS SECURITY NO. 212-07-3215 No CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury at complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the above cause (A) stating the UNDERLYING CONDITION lost CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. OATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20 A. AUTOPSY! (Yes at No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF 21 & PLACE OF INJURY (e.g., in at about 21 C. WHERE OID (If in Baltimare City, give exact location) home, farm, factory, street, affice bldg., INJURY OCCUR? MEDICAL OEATH (notify medical examined) 21D. TIME OF INJURY (Month) (Day) (Year) (Hour) 21 & INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? While At Not While ! (APPROXI Wark At Wark 22. I certify that (1) (this hospital) attended the deceased from that (N) (we) last saw the deceased alive an and that In (ay) (aur) opinion death occurred on the date and hour and from the causes stoted above (1) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE 238. DATE SIGNED Attending [Med. Staff Phys. Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type 24A. BURIAL CREMATION, 24B. DATE 24D. LOCATION 24C. NAME OF CEMETERY OF CREMATORY (City, town, at county) REMOVAL (Specify) BURIAL 1115 EM 258. NAME OF REGISTRAR 25C FUNERAL DIRECTOR VS 150-REV. 1/1/68



IMPORTANT FUNERAL DIRECTOR:

occurred

death

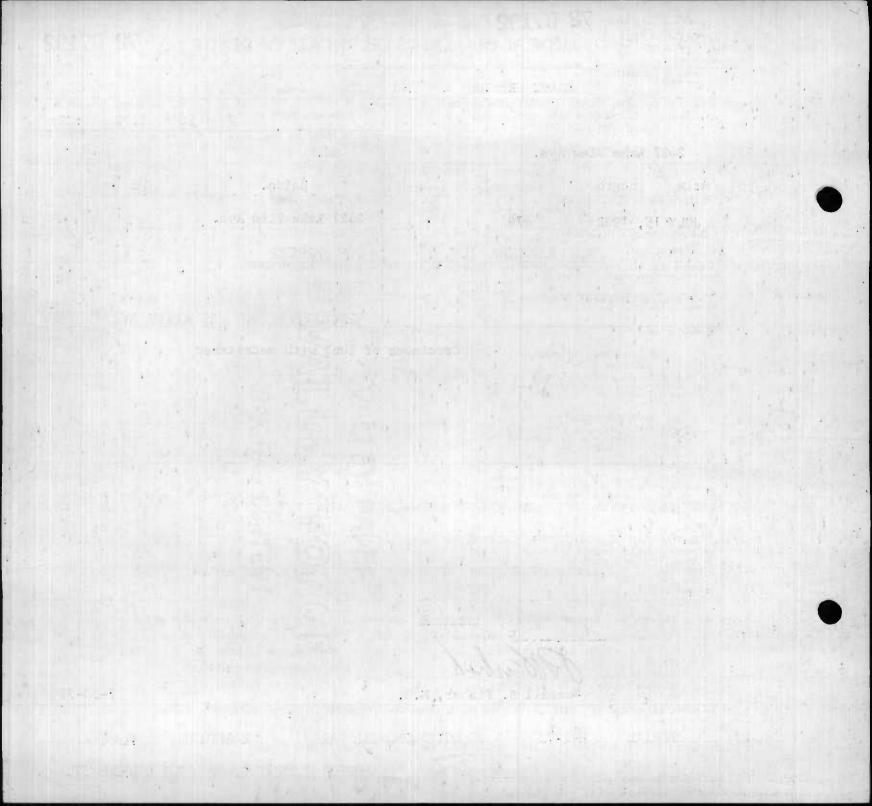
BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH pital and of death Deceased Such STATE OF MARYLAND DHIM BIRTH NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) HEERING HO COPPINA JULY hospital eath. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance (4) Undetermined cause; (5) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) LARYLAND confributing cause FULL NAME OF HOSPITAL OR INSTITUTION 0 C. CITY OR TOWN D. INSIDE CITY LIMITS? attend 9 GEN. HOSP. BACTIMORE YES 1 NO prior LINDEN E. STREET AND NUMBER AVE LAKEVIEW 2170 242 BALTO in regular disposition is mad 6. RACE & DATE OF BIRTH 9. AGE (In years If Under 1 Ys. Months! Doys 5. SEX If Under 24 Hrs. MARRIED NEVER MARRIED deceased lost birthdov) WIDOWED DIVORCED 10A USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11), BIRTHPLACE ISlate or foreign country 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) U. S. A SHEPHERD LANE NO PTH CAROLINA COOK Was the 13. FATHER'S NAME 4 MOTHER'S MAIDEN NAME ACUSTIN death LO 15. Was Decessed Ever in U. S. Armed Farces? (Yas, no or unknown) (If yes, give war or dates of service) ADDRESS 6. SOCIAL or final SECURITY NO. attendance 7427 LAKEN EW AK fracture of any CAUSE OF DEATH APPROXIMATE INTERVAL pronounced SETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH se weral month (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: in regular who ANTECEDENT CAUSES Seura the remains are DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) staling the alcoholism physician UNDERLYING CONDITION last. Was burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). No physician An accident of any nature; (2) Body 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yas or No! 20B IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the 8 before 218. PLACE OF INJURY (e.g., in or about 21 G. WHERE DID home, farm, factory, street, affice bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exect location) where he body was released to the hospital MEDICAL DEATH (notify medical examined obtained (Month! 1Doy) (Year) 1Houd 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY Not While (except While At IAPPROXI pup Work At Work 22. I certify that (1) (this hospital) attended the deceased fram and that In (my) (aur) apinian death accurred an the date death); that (1) (we) last saw the deceased alive on_ 99 hospital and hour and from the causes stated abave. (1) (We) (did) (etd not) view the body after death. must 23A. SIGNATURE 23B DATE SIGNED Attending Staff Phys. N 10 Phys. approval 0 23C. PHYSICIAN'S NAME (Type) prior 23D. ADDRESS ā was D.O.A. DEGREE shows: (1) 24A. BURIAL CREMATION 24C_NAME/OI CEMETERY OF CREWATORY 24D. LOCATION (City, town or county) (State) eceased decease ADORESS DEPT

Project E-1-12 Hole for Plan He Sea Ho Religion Lander

25A. DATE REC'D BY HEALTH DEPT.

72 07192 STATE OF MARYLAND-DHME BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. BIRTH NO 1. NAME OF DECEASED DATE Known Month Doy Hour Yeor (Type or Print) OF HERRING HARRY HERRINE Estimoted DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE Month Doy Year Hour PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF 30 1972 6:32a HOSPITAL OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 2427 Lake View Ave. 7. RACE C. CITY OR TOWN 6. SEX D. INSIDE CITY LIMITS? 8. MARRIED NEVER MARRIED Balto. male negro WIDOWED YES X DIVORCED NO 10. AGE (In years lost birthday) E. STREET AND NUMBER 9. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. Months | Doys | Hours | Min. 2427 Lake View Ave. 70 JULY 15, 1902 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME GARLAND, NORTH CAROLINA WHAT COUNTRY? TOM HERRING 14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even ifretired) RETIRED UNKNOWN 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO. 18. INFORMANT **ADDRESS** REV. JOHN MOTLEY 455 ROMONA AVE CAUSE OF DEATH BETWEEN ONSET AND DEATH Carcinoma of lung with metastases DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heort foilure, osthenio, etc. It meons the disease, Injury or complication which caused death.) **ANTECEDENT CAUSES** (B)_______DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. H OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) no 22A. **EXTERNAL CAUSE WAS** 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exoct location) home, form, foctory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E. INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE (APPROX.) WORK AT WORK 23. I certify that I held on Inquiry Inspection X Autopsy ond that on this basis, death in my opinion resulted from: Natural causes | * Accident Suicide ___ Homicide ___ Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE, M D **EXAMINER'S** ASSOCIATE MEDICAL EXAMINER Russell S. Fisher, M.D. 7-30-72 NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) ARBUTUS MEMORIAL
258. NAME OF REGISTRAR BURTAL PARK BALTIMORE, MARYLAND

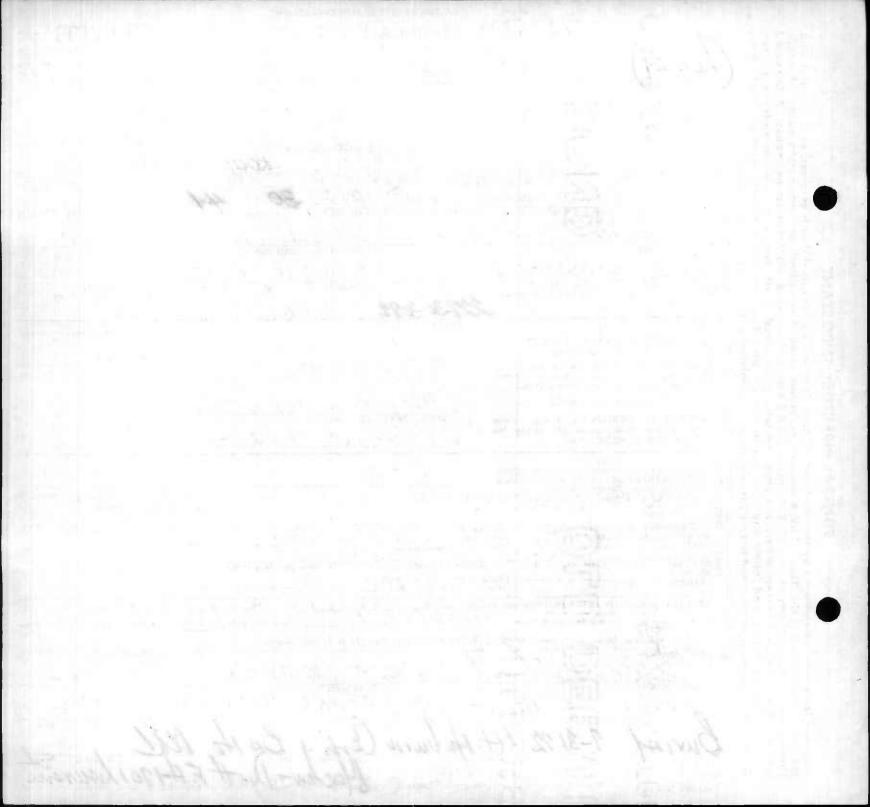
DYETT F. H. 1701 LAURENS ST.



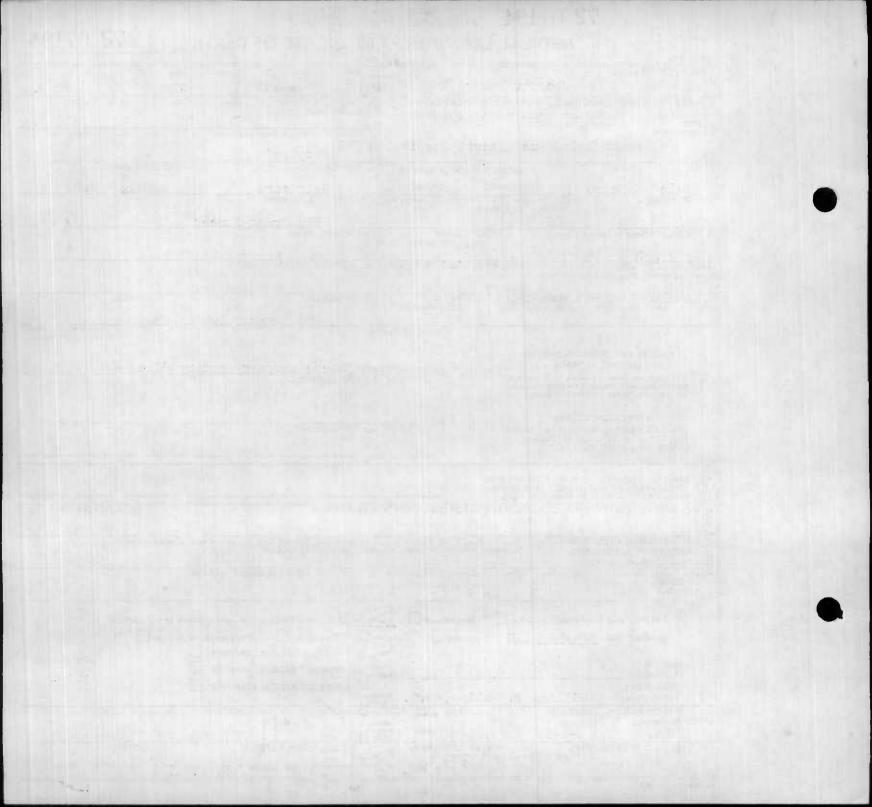
FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	R 1/00 BALTIMORE CITY	Y HEALTH DEPARTMENT							
		TE OF DEATH REG. NO. 72 07193							
1	NNAME OF DECEASED ALONZO BELL	7/26/72 11/:45 PM.							
Y	3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)							
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION GIVE STREET ADDRESS OR LOCATION)	MARYLAND BALTIMORE 30							
	JOHNS HOPKINS HOSPITAL	BALTIMORE YES NO							
	33	E. STREET AND NUMBER SPORTS LANE							
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	12/23/30 last brithday 1 Manths Doys Hours Min.							
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired)	11. BIRTHPLACE State or loreign country) 12. CITIZEN OF WHAT COUNTRY?							
	SEAMAN SEAMAN	ENFIELD, N.C. USA							
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	BELL, STEVENSON	SMITH MATTIE							
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war at dates of service) 227-30-30-91	SISTER BALTO							
	18.5 7/1. 0 14 0/1.9 CAUSE OF DEAT	APPROXIMATE INTERVAL							
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	PATIC AND RENAL ENLINE							
		A CONSEQUENCE OF:							
	44	AOUC HEPATITIS							
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:							
	underlying condition last.	ONIC ALCOHOLISM							
		BC.							
	DISEASE OF CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
	WAS PERFORMED	VES IN CERTIFYING CAUSES OF DEATH?							
H	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i or CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21B. PLACE OF INJURY (e.g., i home, form, factory, street, of ceta)	n ar about 21 C. WHERE DID (If In Baltimore City, give exact location) lice bldg., INJURY OCCUR?							
	21D.TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURT OCCUR?							
	(APPROX.) While At Work At Work								
	22. I certify that (1) (this hospital) attended the daceased from	7/1/72 19 10 7/26/72 19							
	that (i) (we) lost sow the deceased alive an 7/26/77 19 ond that in (my) (our) opinion deoth accurred on the date								
	and hour and from the causes stated above. (I (Me) (did) (did not) v								
	Heill Hers Michael Phys								
	ME 116 S LIPS - MD	JOHNS HOPKINS HOSPITAL							
	24A, FURIAL CREMATION, 24R. DATE 24C, NAME OF CEMETERY OF CRE	MAYON 24D. LOCATION (City, towns, or county) (State)							
	DUVING 7-31-72 Mt. Huburn 250. DATE REC'D ON HEALTH DEPT. 258, NAME OF REGISTRAR	1250 FUNERAY DIRECTOR ADDRESS							
	JUL 31 1972 Dadrey Introdon	1 YOK TON TWEATH F. H-1701 LAUVENS							
,	VS 150-REV. 1/1/68	* (* /							



72 07194 STATE OF MARY	ZLAND-DHMH EALTH DEPARTMENT
	CERTIFICATE OF DEATH REG. NO. 72 07194
BIRTH NO.	REG. NO.
I. NAME OF DECEASED (Type or Print) Chagter Worred	2. DATE Known & Month Day Year Hnur
Glester noward	DEATH Estimoted LI / 2/ /2 5:20 P. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	PRONOUNCED DEAD
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	7 27 72 5:20 P. M.
South Baltimore General Hospital	5. USUAL RESIDENCE (Where deceosed lived. If Institution; residence before admission) A. STATE B. COUNTY Maryland
6. SEX 7. RACE B. MARRIED DENEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro WIDOWED DIVORCED	Baltimore YES NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. II Under 24 Hr. Months Days Hours Mir	s. E. STREET AND NUMBER
JAN 11 1911 61 i i i i i i i i i i i i i i i i i	1926 Brunt Street
WHAT COUNTRY?	
GLOSCHESTER VINGINTA II S. A. 114A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUST	RY 15. MOTHER'S MAIDEN NAME
done during most of working life, even if retired)	
BIRNER 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (Yes, no or unknown)(If yes, give wor or dotes of service) SECURITY NO.	18. INFORMANT HOWARD ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	
19. / / / / / / / / / / / / / / / / / / /	DORIS HOWARD 2819 W. LANVALE ST.
7/2/31	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE Severe coronary artery disease
(A)IMMEDIALE	R AS A CONSEQUENCE OF:
heart follure, osthenia, etc. It means the disease, injury or complication which coused death.)	
ANTECEDENT CAUSES (6)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, O	R AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION 1	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 1208. CONDITION FOR WHICH OPERATION 1	WAS PERFORMED 21, AUTOPSY? (Yes or No)
O 2	
	Yes
UNDERLYING OR CONTRIB. home, farm, factory, street, of	z., in or obout 22C, WHERE DID (II in Boltimore City, give exact location) fice bldg., etc.) INJURY OCCUR?
☐ UTING ☐ CAUSE OF DEATH. ≥ 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY WHILE AT CONTROL NO	OT WHILE C
m. WORK AT	WORK
I certify that I held an Inquiry I Inspection A	autopsy 🔀 and that on this basis, death in my opinion
	ide Homicide Undetermined manner
Accident 5000	CHIEF MEDICAL EXAMINER
ACTUAL JUST Mulloy	ASSISTANT MEDICAL EXAMINER & DATE SIGNED
SIGNATURE EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 7-28-72
NAME (Type) William P. Mulloy, M.D.	ASSOCIATE MEDICAL EXAMINER LI
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER	Y or CREMATORY 24D. LOCATION (City, town, or county) (Stole)
BURIAL 8-1-32 ARBUTUS MEMOI	RIAL PARK BALTIMORE MARYLAND
25A. DATE REC'D BY HEALTH DEPL 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
1111 24 1070 4 1 1 1 1 1 1 1 1 1	
VS 151-REV. 1/1/68	MORTON & DYETT F. H. 1701 LAURENS ST?
77	



24A. BURIAL CREMATION,

BURTAL

25A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)

VS 151-REV. 1/1/68

24B. DATE

72 07195 STEATH OF CHY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. BIRTH NO. I. NAME OF DECEASED 2. DATE Known Month Hour (JESSIE) R. JOHNSON (Type or Print) JESSE OF Estimoted DEATH Yeor Hour 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Dov PRONOUNCED DEAD 6:55 A. (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) July 27, 1972 FULL NAME OF HOSPITAL OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) A. STATE B. COUNTY 4008 W. Franklin Street Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS? 6. SEX 7. RACE B. MARRIED NEVER MARRIED Male Negro WIDOWED DIVORCED Baltimore YES _ NO E. STREET AND NUMBER 9. DATE OF BIRTH 10.AGE (in years If Under 1 Yr. II Under 24 Hrs. Months & Doys & Hours & Min. lost birthday 4008 W. Franklin Street JUNE 10. 11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? BALTIMORE MARYLAND II S.A. HERMAN JOHNSON 144. USUAL OCCUPATION (Give kind of worl) 148. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired) LELA GRAHAM 16. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)(if yes, give wor or doles of service) 18. INFORMANT **ADDRESS** SECURITY NO. HERMAN JOHNSON 4008 W. FRANKLIM APPROXIMATE INTERVAL CAUSE OF DEATH 19. BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A)IMMEDIATE CAUSE Gunshot wound of abdomen LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart foilure, asthenio, etc. It means the disease, tnjury or complication which coused deoth.) ANTECEDENT CAUSES (B)
DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 21. AUTOPSY? (Yes or No) 20A. DATE OF OPERATION 120B. CONDITION FOR WHICH OPERATION WAS PERFORMED Yes 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (if in Boltimore City, give exact location) home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 22A. EXTERNAL CAUSE WAS UNDERLYING TO CONTRIB-UNDERLYING MOR CONTRIB-Basement - 4008 W. Franklin Street Home UTING CAUSE OF DEATH. 22E.INJURY OCCURRED 22D. TIME (Month)
OF INJURY 22F. HOW DID INJURY OCCUR? (Day) (Year) (Hour) WHILE AT NOT WHILE (APPROX.) WORK 23. Inspection Autopsy X I certify that I held an Inquiry and that an this basis, death in my apinion Ascident Suicide Hamicide Undetermined manner X resulted fram: Natural causes CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER K SIGNATURE July 27, 1972 EXAMINER'S ASSOCIATE MEDICAL EXAMINER Charles S. Springate, M.D. NAME (Type)

24C. NAME of CEMETERY or CREMATORY

MT AUBURN CEMETERY

25B. NAME OF REGISTRAR

24D. LOCATION (City, lown, or county)

BALTIMORE.

1701 LAURENS

DYETT FUNERAL

25C. FUNERAL DIRECTOR

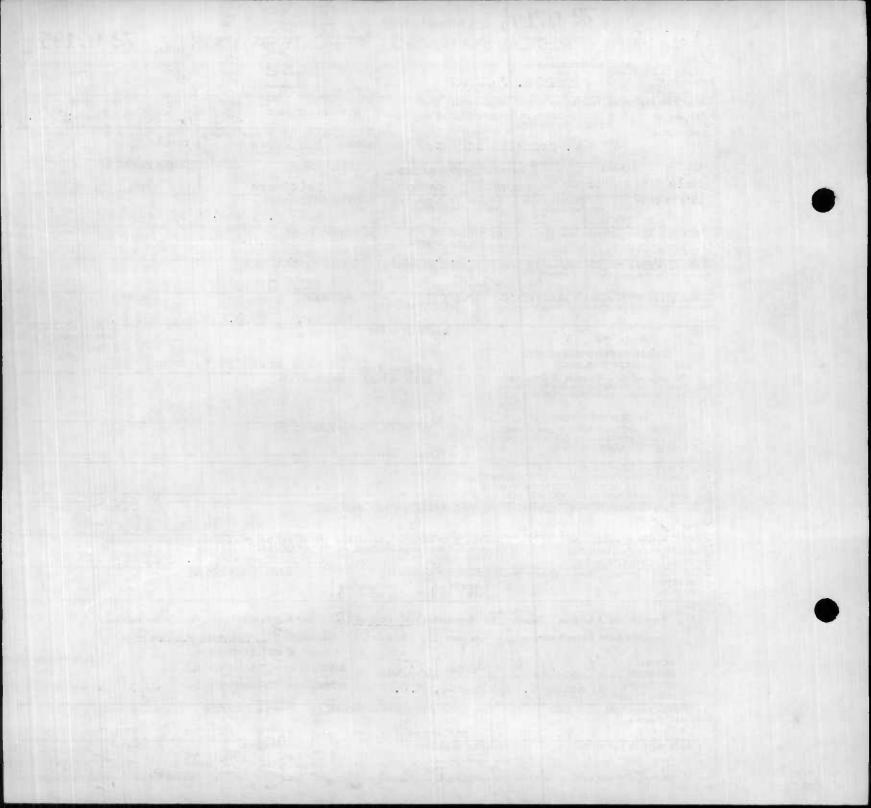
MORTON

MARYLAND

ADDRESS

STREET HOMES,

(Stote)



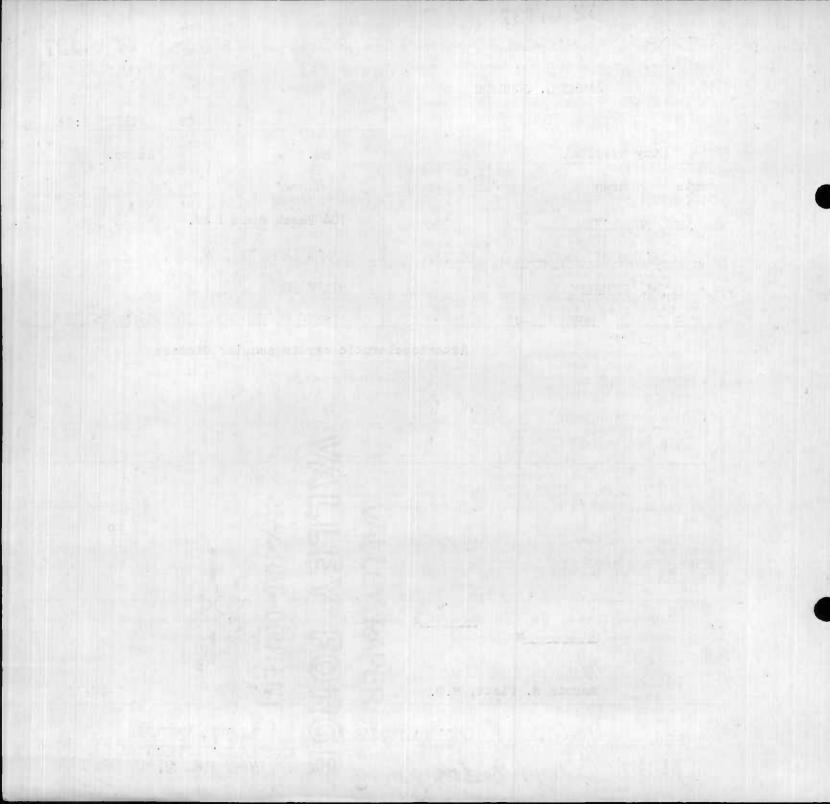
72 U7196 STATTIMORE CHRITEALTH DEPARTMENT

12 U/196 STATIMOR CHAS	HEALTH DEPARTMENT	MO CHIA
	CERTIFICATE OF DEATH REG. NO.	72 07196
BIRTH NO.	NEO. 110.2	
1. NAME OF DECEASED (Type or Print) ELLA M. WINSLOW	2. DATE Known Month Doy OF DEATH Estimoted	Year Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)		1972 1:45p
1411 Division St. Apt. 38	5. USUAL RESIDENCE (Where deceased lived. If institution: A. STATE Md. B. COUNTY	residence before odmission)
6. SEX 7. RACE B. MARRIED NEVER MARRIED NEVER MARRIED WIDOWED DIVORCED	Polto	× ¬
9. DATE OF BIRTH 10. AGE (In years # Under 1 Yr. If Under 24 House 1 Wonths; Doys; Hours; N	Irs. E. STREET AND NUMBER	S NO L
JULY 4, 1903 69		
11. BIRTHPLACE (State or foreign country) BALTIMORE MARYLAND 12. CITIZEN OF WHAT COUNTRY? II. S. A	13. FATHER'S NAME	
4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUS	STRY 15. MOTHER'S MAIDEN NAME	
lone during most of working life, even ifretired)	LORA JONES	
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL Yes, no or unknown)(if yes, give wor or doles of service) SECURITY NO.		DRESS
578-12-3800	OD MRS. JULIA WILBURN 108 DIENE	DDIACE
19. CAUSE OF D	DEATH	APPROXIMATE INTERVAL
Arterios	sclerotic cardiovascular disease	BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	YE CAUCE	
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	OR AS A CONSEQUENCE OF:	
Injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	OR AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.		
<u> </u>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
OF COLUMN (C)	WAS PERFORMED	21. AUTOPSY? (Yes or No)
UNDERLYING OR CONTRIB- home, form, foctory, street,	e.g., In or obout 22C. WHERE DID (If in Boltimore City, give exocoffice bldg., etc.) INJURY OCCUR?	t location)
UTING ☐ CAUSE OF DEATH. ≥ 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRION (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRION (MONTH) (MONTH	ED 22F. HOW DID INJURY OCCUR?	
	AT WORK	
I certify that I held on Inquiry Inspection Inspection	Autopsy Ond that on this basis, death in my	ppinlon
resulted from: Notural couses X Accident Suit	icide Homicide Undetermined monner]
000	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE Many State	M.D. ASSISTANT MEDICAL EXAMINER	DATE VIOLED
EXAMINER'S NAME (Type) Marvin S. Platt, M.D.	ASSOCIATE MEDICAL EXAMINER	7-30-72
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETE		
BURIAL 8-3-72 ARBUTUS MEI	MORIAL PARK BALTIMORE, M	ARYLAND
25A. DATE REC'D BY HEALTH DEPT 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR AL	DORESS
JUL 31 1972 Andry Whorton	MORTON & DYETT FUNERAL HO	MBS. INC.
/S 151-REV. 1/1/6B	0 9 1 0 9	

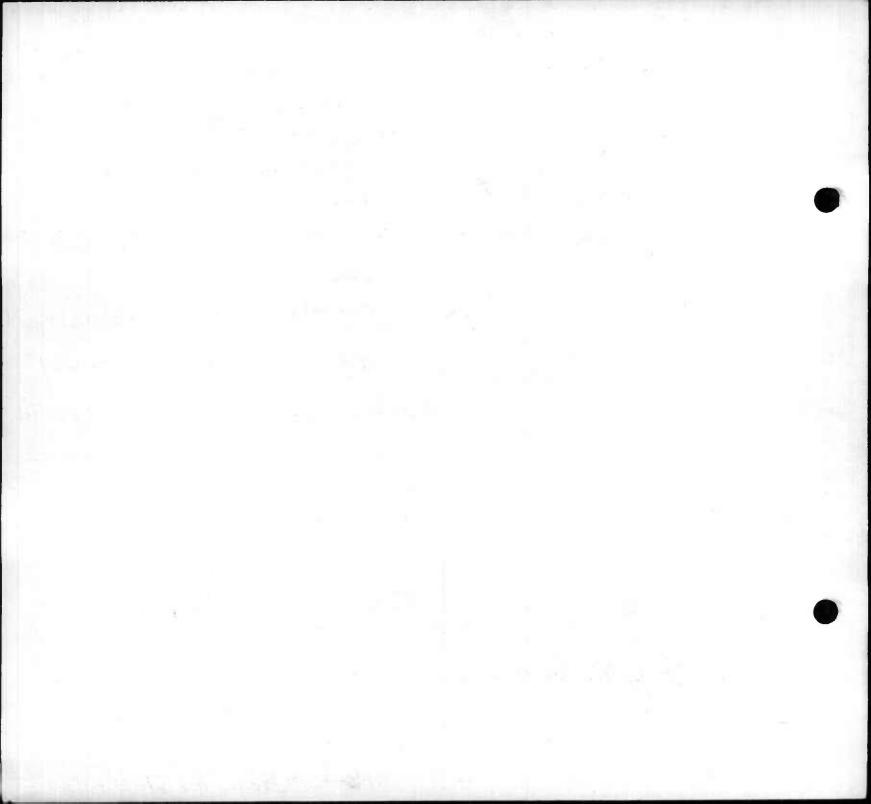
I THE STATE OF WESTERNING STATE OF . able Called the same of the ES DECEMBER PROPERTY (CONTRACTOR OF THE CONTRACTOR OF THE CONTRACT green it unique profitms Who will enter the G.I. SERES E. DENERS

VS 151-REV 1/1/68

MORTON & DYETT FUNERAL HOMES, INC.



	-530	170	/* M11 = -	BALTIMORE CITY	HEALTH DEPARTMENT	pa	90 00400		
BIRTI	H NO.	12	07198)	TE OF DEATH	REG. NO.	/2 07198		
1. N.A	ME OF DECE	ASED 1				AND HOUR OF DEATH	MARYLAND-DHMH		
Пуре	or Print) S	imith, l	reune	ナル		July 1972	715		
3. PL	ACE IN BALTI	MORE, MARYLAND, W	HERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If instituti	on: residence before odmission)		
FULL	NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUT	ION, GIVE STREET	MARYLAND	BALTIMO	RE 2798		
INST	NOITUTI	HOSPITA			C. CITY OR TOWN	D. INSIDE CI			
	INAL	HOMIN	L 0[-	BALTI MORI	E. STREET AND NUMBER	YES YES	NO [
9	INC. L	+2			350 1 L	ucille Ave	1411-6		
5. SE		RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		Jnder 1 Yr. , If Under 24 Hrs.		
	MALL	BLACK	WIDOWED	DIVORCED [1-26-33	20	nths Doys Hours Min.		
104, 0	during most of wo	ATION (Give kind of work rking life, even if retired)	108, KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		CITIZEN OF WHAT COUNTRY?		
Sh	ipping	Clerk	Pocksi	de Warehous	e Trividad		British west		
13. FA	THER'S NAME				14. MOTHER'S MAIDEN N.	AME	+14145		
1 6	NK				UNK				
15. Wo	os Decoosed Ex o or unknown) (I	ret in U. S. Armed Ford I yes, give wor or dote:	es? 1 (SECURITY NO.	17. INFORMANT	. Harry M	VADDRESS - A LL D		
	00		L	NK	Personal phy	Isician 9115)	Roistons them &		
18	000	101		CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE	OR CONDITION DIR	ECTLY		0 1	1.			
1 0	This does not	meon the mode of	dying, e.g.,	(A) IMMEDIATE CAU	SE SEULOMON CONSEQUENCE OF:	as septicemi	a one day		
ir	njury at compli	thenia, etc. It means colion which caused	the disease, deoth.)		CONSEQUENCE OF:	•			
	AN	TECEDENT CAUSES		· Ame	his Absences	of Liver	an amount.		
D	ISEASES OR	CONDITIONS, if a	ıny, giving	DUE TO, OR AS	A CONSEQUENCE OF:	O) FIVE	one month		
U	NDERLYING (above cause (A)	slaling the	(c)					
		11			***************************************				
	O THE DEATH R	NT CONDITIONS CON	E TERMINIAL	NOUL	E KNOWN	1			
	PEASE OF COM	PERATION 198 CONE	f (A)			<u> </u>			
	7-19-7	WAS PERFO	DRMFD	cks from live	20 A. AUTOPSY? (Yes of N	IN CERTIFYING CAUSES C	GS CONSIDERED PF DEATH?		
Ü 21	A. ACCIDENT	WAS UNDERLYING	4218. PL/	ACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If In Boltimore City,	alve exact location)		
100	ATH (notify me	edical examined	elc.)	iorm, lociory, street, alli	ice bldg. INJURY OCCUR?				
0 21 OF	D. TIME (A	lonth) (Doy) (Year)	(Hour 21E IN.	JURY OCCURRED	21F. HOW DID IN	JURY OCCUR?			
Z (A	PPROXI		While A	At Work					
22	. I certify the	(1)(this haspital)	attended the a	deceased from 4	July	19 22 to 29 Jul	19 7 2		
		st saw the deceased			20				
an	and haur and fram the causes stated above (1) (We) (did) (did not) view the bady after death.								
23/	A. SIGNATURE	7/10/	1.	M.D.			ATE SIGNED		
	ACCUVI	um. No	ur-	DEGREE Phys.	Med. Director	Shaff Phys. 1	Tuly 72		
230	NAME (Type)		1 (1)	23	D. ADDRESS	1 1041065	MILLSI		
244	HARRY	JH. WA	LEN ,	L.D. DEGREE	9115 Reist	Levs town Ro	ad Md,		
K	URIAL CREMA	O IL- MA	24C. NAME	OF CEMETERY OF CREA	MATORY 24D	OCATION (City, town	or county) (Thought 10		
25A. D	ATE REC'D BY	HEALTH DEPT . 12	Thea	bret. H.	LOTT TOX	t-un-Som	in Windred B.W.		
1	1000 04 4	972	SB. NAME OF R	EGISTRAR	2/0 FUNERAL DIRECTO) Hrilling	ADDRESS		
VS 150	-REV. 1/1/68		1	Now John Ci.	MORTOWILL	Nell F.H-1101	- NOTUVEUS ST		



STATE OF MARYLAND-DHMH BALTIMORE CITY HEALTH DEPARTMENT 17199 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO BIRTH NO. I. NAME OF DECEASED KnownXX DATE Manth (Type or Print) 24 OF John S. Wilson Estimoted __ DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE Day Month PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET 24 HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived, If Institution: residence before admission) A. STATE Md. 1314 N. Central Avenue B. COUNTY 7. RACE C. CITY OR TOWN 6. SEX D. INSIDE CITY LIMITS? B. MARRIED NEVER MARRIED Balto. male Negro WIDOWED . DIVORCED 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER lost birthday) Months | Doys | Hours | Min. 121/ N Company 1 Associate 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. WHAT COUNTRY? 14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. dane during most of warking like, even if retired) 16. WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL (Yes, na ar unknown) (If yes, give war or dates af service) SECURITY NO. 03-10-1424 CAUSE OF DEATH Fatty me DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUS (This does not mean the mode of dying, e.g., DUE TO, OR AS A heart follure, asthenia, etc. It means the disease, injury or camplication which caused death.) **ANTECEDENT CAUSES** (B) DUE TO, OR AS A DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CERTIFICAT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL Arterioscle DISEASE OR CONDITION GIVEN IN PART 1 (A). 20 A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS P

22B. PLACE OF INJURY (e.g., in or

home, farm, factory, street, office bld

22E, INJURY OCCURRED

Inspection

24C. NAME of CEMETERY or C

AT WORK

Part:

Suicide

WHILE AT

Accident

25B. NAME OF REGISTRAR

Z2A. EXTERNAL CAUSE WAS UNDERLYING TOR CONTRIB-

UNDERLYING OR CONTRIB-

(Year)

Peter Lipkovic, M.D.

I certify that I held on Inquiry

resulted from: Notural couses

24B. DATE

UTING CAUSE OF DEATH. 22D. TIME (Manth) (Day)

OF INJURY

(APPROX.)

ACTUAL **SIGNATURE EXAMINER'S**

REMOVAL (Specify)

VS 151-REV, 1/1/6B

NAME (Type) 24A. BURIAL CREMATION,

25A. DATE REC'D BY HEALTH DEPT.

23.

1314 N. Central Avenue	
John Wilson	
MOTHER'S MAIDEN NAME	
Virginia Chalman	
INFORMANT	DRESS TI ALSE
anniel M. Leonio 240/	1. Merene (TAUT
	APPROXIMATE INTERVAL
amanahanin of linear	BETWEEN ONSET AND DEATH
camorphosis of liver	
E CONSTONENCE OF	
CONSEQUENCE OF:	
CONSEQUENCE OF:	
cotic cardiovascular dis ea se	
ERFORMED	21. AUTOPSY? (Yes or Na)
	yes- partial
obaut 22C. WHERE DID (If In Boltimore City, give exoc g., etc.) INJURY OCCUR?	locatian)
g., etc.) INJORT OCCUR?	
22F. HOW DID INJURY OCCUR?	
E	
	-1-1
y XX ond that on this basis, death In my a	,
Homicide Undetermined manner	
CHIEF MEDICAL EXAMINER	DATE SIGNED
ASSISTANT MEDICAL EXAMINER	7/25/72
ASSOCIATE MEDICAL EXAMINER	1123/12
REMATORY 24D. LOCATION (City, town)	or county) (State)
Balto, Mil	
Dec Filhigh Al Director	20055
25C. FUNERAL DIRECTOR AD	DRESS DIAA
theesh D. Jock 1 13	04n. (exhall My
7 1 9 6	

Year

72

Year

72

YES __

Hour

Haur

NO L

1:45

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M-600

72 07	200	MED	ICAL E	EXAMINER'S			DEAT	H	72 (17200
BIRTH NO.								REG. NO		
I. NAME OF DECI					2. DATE OF	Knawn 🔯	Manth	Day	Year	Hour
	TYRONE			IOORE	DEATH	Estimated	July	22, 197	12	M.
4. PLACE IN BALT					3. DATE		Month	Day	Yeor	Hovr
FULL NAME OF	(IF NO	T IN HOSPITA	L OR INSTITU	TION, GIVE STREET	PRONG	DUNCED DEAD	July 27	1972		11:30 P M
OR INSTITUTION	PODE	LJJ OK LOCK	iiony		5. USUAL	RESIDENCE (When			n: residence	
1000 = 1	M 44				A. STATE			B. COUNTY	111111111111111111111111111111111111111	CAL
1328 E.]	7. RACE	e	le .		0 0 0	Maryland	1			001
. SEA	7. KACE			☐ NEVER MARRIED 🏻	C. CITY O	KIOWN		D. INSIDE C	HIY LIMITS	*
Male	Negro		WIDOWED	DIVORCED .	Bal	timore		1	YES X	NO 🗆
DATE OF BIRTH		10. AGE (In	years If	Under 1 Yr. If Under 24 Hrs. nths: Days: Hours: Min.	E. STREET	AND NUMBER				
June 8, 1	951	I day of moon	21	initial pays i noors mile	1328	Fayette	(east)			
I. BIRTHPLACE (SI		on country)		CITIZEN OF		S'S NAME	(cabe)			
				WHAT COUNTRY?						
Baltimor						es Moore				
one during most of wo	orking life, e	ren if retired)	40. KIND OF	BUSINESS OR INDUSTRY						
					Cor	istance Ma	rtin			
. WAS DECEASE	D EVER IN	U.S. ARMED	FORCES?	17. SOCIAL SECURITY NO.	18. INFOR	MANT		1	DDRESS	
Yes	in has, fina	warar acies (or service)	219-52-5285	Mrs	Constance	Moore	2924	Arunah	Δνο
19.	Ca			CAUSE OF DEA		CONTO CANTOC	11001 C	LJLT		APPROXIMATE INTERVAL
307									BET	WEEN ONSET AND DEATH
		OTTION DIREC	TLY							
	EADING TO			(A)IMMEDIATE C		travenous	narcot	ism		
(This does no heart failure,	r meon me osthenio, ét	made of dyl	ng, e.g., disease,	DUE TO, OR	S A CONSE	QUENCE OF:				
injury or com	plication wh	ch caused deo	th.)	compli	cating	bronchop	neumoni	а		
ANI	TECEDENT	CAUCEC				•				
			GIVING	(B) DUE TO, OR	AS A CONS	QUENCE OF				
DISEASES O	ABOVE CA	USE (A) STAT	ING THE	20210,000	- A 50115	doringe oit				
UNDERLYING	G CONDII	ION LAST.		(c)						
		11								•
OTHER SIGNI	FICANT CO	NO BLANK CO	NTRIBUTING	3						
OTHER SIGNI TO THE DEAT DISEASE OR C	CONDITION	GIVEN IN PA	RT 1 (A).	L						
20A. DATE OF				R WHICH OPERATION WA	S PERFOR	MED			21. AUT	OPSY? (Yes or No)
9										0,011 (,
22A. EXTERN	AL CAUCE	MAG	laan	DIACE OF INITIAL		200 1441505 515	60 · 6 · 1 ·		Yes	
22A. EXTERN UNDERLYING[UTING CAU	IAL CAUSE OR CON ISE OF DEA	TRIB-	hom	PLACE OF INJURY (e.g., ne, farm, factory, street, office	in ar about bldg., etc.)	INJURY OCCUR?	(if in Baltimor	a City, give ex	oct location)	
OF INJURY		Doy) (Year	(Hour)	22E.INJURY OCCURRED		22F. HOW DID IN	JURY OCCU	IR?		
(APPROX.)				WHILE AT NOT	WHILE					
23.			III.	WORK LATW	OKK L					
i certif	fy that I h	eld on Ir	quiry 🗌	Inspection Aut	opsy X	and that on t	his basis,	death in my	opinion	
resulte	d from: N	latural caus	ses DL	Accident Suicid		omicide 🔲		ed manner	_	4
	3	1 1		7010	•	CHIEF MEDICAL		ied manner		
ACTUAL	1 "	V. 11.	,	11-						DATE SIGNED
SIGNATU	RE	Many	2 16	Ja magallu.D	. ASS	ISTANT MEDICAL	EXAMINER	X		
EXAMINE NAME (Ty	- (harles	S. Spi	ingate, M.D.	ASS	OCIATE MEDICAL	EXAMINER		7-2	3-72
A. BURIAL CREM		AB. DATE	2	4C. NAME of CEMETERY	or CREMAT	ORY 24D.	LOCATION	(City, tow	n, or county	(State)
Burial		7-27-7	2	Cedar Hill			A Co	Manul	and	
SA. DATE REC'D 8	Y HEALTH			E OF REGISTRAR	1250	FUNERAL DIRECT	A.Co.			
1111 01	1070	1.		1) 1/ >	230.	· OHERAL DIKECT	O.K	,	ADDRESS	
ANT 2T	19/2	Mid	vey my	- Andrew	Ar	ington 9.	Phill-	ins 17	27 N	Mongoe Str
			-/-			7.7.1. 9.				THUILDING - SI

9-15-1972 - Completion of cause of death on a pending medical examiner death certificate R. Fisher, M.D. HRS

H-160

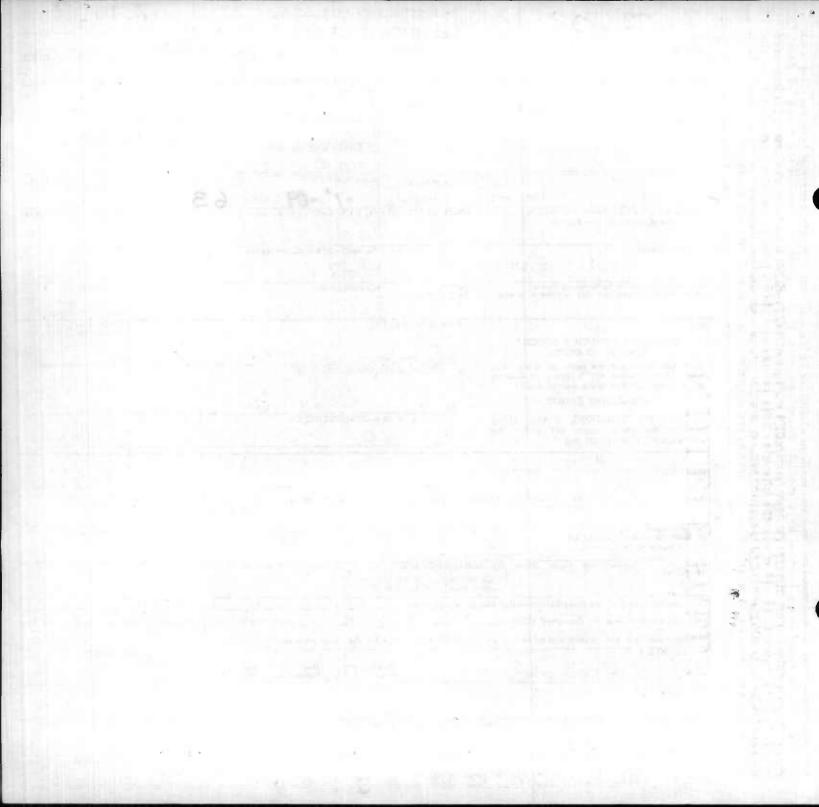
72 67201 BALTIMORE CITY HEALTH DEPARTMENT 72 07201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEC NO. STATE OF MARYLAND-DHM.

IRTH NO.		MILDI	CAL		MIITERS	CLKIII	ICAIL	Oi	DLAI	REG. NO.		MARIT	THAND-D
NAME OF DEC		IFTON H	HOOPE	R		2. DATE OF DEATH	Known		Month	Doy	Yeor	Hour	м.
. PLACE IN BALT	(IF NO	RYLAND, WH TIN HOSPITAL SS OR LOCATI	OR INST			3. DATE	DUNCED DEA	AD	Month 7	28	1972	Hour 10:	
front		13 N. A		ton S	St.	5. USUAL A. STATE	Md.	(Where		ed. If Institution B. COUNTY	n: residence b	efore odmi	ssion)
sex male	7. RACE hegr	0			EVER MARRIED	C. CITY O		alto		D. INSIDE CI			
			WIDOW		DIVORCED]			•	Y	ES 🖹 1	10 L	
8-29-3		lost birthday	39	Months I	Yr. If Under 24 Hrs Doys Hours Min		19 N. A		eton S	St.			
I. BIRTHPLACE (S	Va.	n country)	1	12. CITIZ WHA	EN OF COUNTRY?	13. FATHER'S NAME							
A USUAL OCCU		e kind of work!	48. KIND	OF BUSI	S . A .	Pymous Hooper (RY) 15. MOTHER'S MAIDEN NAME							
one during most of w	orking life, ev	en if retired)		01 0001	14233 OK 11420311								
Longshor		II S ARMED	FORCES	2 117	SOCIAL	18. INFO	ther S	ura	nge	Δ	DDRESS		
es, no or unknown)	(If yes, give w	vor or dotes o	service)		SECURITY NO.			le	siste	r 2013		er St	e
19. 1 6	1/ 1	(CAUSE OF DE	ATH				- 11.11		PROXIMATE IN	
		ITION DIREC	TLY		Stabwound	of che	est				DC1VI	LEN ONSET	IND DEXIT
	LEADING TO of meon the	mode of dylr	ıg, e.g.,		(A)IMMEDIATE		QUENCE OF:						
heort foilure,	osthenio, etc.	. II means the c ch coused deat	iseose,		20210, 01	A5 A 001100	QUEITUE OF						
DISEASES C	OR CONDITION	ONS, IF ANY.	GIVING		(B)	R AS A CONS	EQUENCE OF						
RISE TO THE	ABOVE CAL	USE (A) STATI	NG THE										
5					(C)								
O THE DEA	IFICANT CON	II NDITIONS CO RELATED TO T GIVEN IN PAI	HE TERMI		************		***	enn all all die oblie als son on	***				o so all al so so so so so so so s
-				FOR WHI	CH OPERATION V	VAS PERFOR	MED				21. AUTO	PSY? (Yes	or No)
2/											yes	3	
22A. EXTERI UNDERLYING UTING CA		TRIB-		228. PLAC home, for	E OF INJURY(e.g m, foctory, street, off Stre	., in or about ice bldg., etc.) et	22C. WHERE INJURY OCCUPANT	DID (CUR?	If in Boltimor	on St.	oct locotion)	0 -	-
≥ 22D. TIME (oy) (Yeor)	(Hour) 22E,1	NJURY OCCURRED		22F. HOW D	ID IN	URY OCCU	JR?			
OF INJURY (APPROX.) 7	-28-72	9:5	5 p	m. WHILE	AT NO	T WHILE WORK	Stabb	ed d	luring	alterca	ation.		
23.	ify that I h	eld on In	quiry [ln:	spection A	utopsy 🔯	and that	t on th	is basis,	death in my	opinion	- 1	21
result	ed from: N	oturol cous	es 🗌	Accio	lent Suic	ide 📗 I	Homicide X	3 (Jndetermi:	ned monner			
				01			CHIEF MED	ICAL E	XAMINER			DATE SIG	NED
SIGNATU	JRE	Mar	ms	Plat	M	υ,	SISTANT MED			X		DATE SIG	NED
EXAMINI NAME (T	IV.	Marvin	S. P1	latt,	M.D.	ASS	OCIATE MED	ICAL E	XAMINER		7	7-29-7	2
4A. BURIAL CREA	MATION, 2	48. DATE		24C. N	AME of CEMETER	or CREMA	TORY		LOCATION		n, or county)		ote)
Buria		8-2-72	2	C	hurch Ge	m	0.00	,	North	umberl	and (0.,	Va/
SA. DATE REC'D		DEPT/	258. N	AME OF	REGISTRAR					iley A		5.7	7
JUL 31	1972	Mos	ys	NIV	MAN		Kelson	F.	H. 1	348 Ca	lhoun	st.	

THE RESIDENCE OF SUITE OF SUITE OF .oggpu THE ENGINEERS AT A SHEET Foundation of the Company of the Com as Superings . I day ! - amoras Charles and the second

	72 07202		BALTIMORE CITY	Y HEALTH DEPARTMENT		72 07500
BIRTH NO.	12 01200		CERTIFICA	TE OF DEATH	REG. NO.	
	F DECEASED	6 1. 7	tts.	2. DATE AN	D HOUR OF DEATH	OF MARYLAND-D
3. PLACE I	N BALTIMORE, MARYLAND,	WHERE PRONOUS	NCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. It instituti	on: residence before adm
FULL NAM			TON, GIVE STREET	Md C. CITY OR TOWN		1701
INSTITUTIO	ouland Gen	eral H.	ospital	Balto.	D. INSIDE C	NO [
0 83	Shindent	eral Ho	0	E. STREET AND NUMBER	1 6	
0 6	Balto. M	d		501 Pennsylv	vania Ave.	
5. SEX	6. RACE	7- MARRIED WIDOWED		8. DATE OF BIRTH		Under 1 Yr. 11 Under 2 nths Days Hours A
IOA, USUAL	OCCUPATION (Give kind of we	TE TOR KIND OF	USINESS OR INDUSTRY	11. BIRTHPLA CE (Stote of forei	gn country) 12.	CITIZEN OF WHAT CO
A P	t ce			North	11	110A
13. FATHER	SNAME			14 MOTHER'S MAIDEN NAM	AE	4011
	Kelly C	Cutts		Mary		
15. Was Dec	eased Ever in U. S. Armed Fo known) (If yes, give war or do	erces?	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
16.			CAUSE OF DEAT	Johnsie Lake	5511 Cha	lgrove Ave
DISEAS	ANTECEDENT CAUSE ANTECEDENT CAUSE ES OR CONDITIONS, if the above cause (A) LYING CONDITION last. IGNIFICANT CONDITIONS CO DEATH BUT NOT RELATED TO OR CONDITION GIVEN IN PA	any, giving stating the STATE	(c)	A CONSEQUENCE OF:	s, Rights	2g .
IAY-DY		RFORMED		20A. AUTOPSY7 (Yes of No.)	IN CERTIFYING CAUSES	OF DEATH?
(3 21 A. A.C.	CIDENT WAS UNDERLYING	21 B. Pi home,	LACE OF INJURY (e.g., i lorm, loctory, street, of	n or obout 21C, WHERE DID	(If in Boltimore City	, give exact location)
OP CON	(notify medical examiner)	etc.)				
OR CON	inotity medical examiner (Month) (Day) (Year)	etc.)	NJURY OCCURRED At Not While At Work	21F. HOW DID INJU	URY OCCUR?	
OR CONDEATH DEATH 21D.TIM OF INJU (APPRO)	(notify medical examiner) (E (Month) (Day) (Year) RY (L)	(Hour) 21E, II While Work	At Not While At Work	21F. HOW DID INJU	P to 7/2	7/2 10
OR CONDEATH 21D.TIM OF INJU (APPROX 22. 1 ce	inotity medical examiner (Month) (Day) (Year)	(Hour 21E, II While Work	At Not While At Work	21F. HOW DID INJU	9 to 2	death occurred on the
OR CONDEATH OF INJU (APPRO) 22. 1 ce that (1)	(notity medical examiner) (E (Month) (Day) (Year (X) (Year (Y	(Hour) 21E, II While Work	At Not While At Work deceased from	21F. HOW DID INJU	9_10_7/2	death occurred on the
OR CONDEATH 21D.TIM 21D.TIM (APPRO) 22. 1 ce that (1) and hot 23A. SIG	(notify medical examiner) (E (Month) (Day) (Year (PY) (L) ortify that (1) (this hospital (we) lost saw the decease or and from the causes sta	(Hour) 21E, II While Work	At Not While At Work deceased from We (dld) (did not) v	21F. HOW DID INJU	9 to 22	death occurred on the
OR CONDEATH 21D.TIM 21D.TIM (APPRO) 22. 1 ce that (1) and hot 23A. SIG	(notify medical examiner) (IE (Month) (Day) (Year (IV) (IV) (IV) (IV) (IV) (IV) (IV) (IV)	(Hour) 21E, II While Work	Not While At Work deceased from We (did) (did not) v	21F. HOW DID INJU	9 to 72 to 10 in (my) (out) opinion 238.	
OR CONDEATH 21D.TIM OF INJU (APPRO) 22. 1 ce that (i) and had 23A. SIG 24A. BURIAL REMO)	inotity medical examined (E. (Month) (Day) (Year (RY) (L) ortify that (I) (this hospital (we) lost saw the deceas or and from the causes sta NATURE SICIAN'S ME (Typel CREMATION, 248. DATE (AL (Specify)	(Hour) 21E, II While Work all) attended the ed all ve on	Not While At Work deceased from Wel (did) (did not) when DEGREE Physical Resolution of CRE	21F. HOW DID INJU	9 10 238. Shaff 238.	DATE SIGNED
OR CONDEATH OR CONDEATH 210. TIME OF INJUICAPPRO 22. 1 ce that (1) and had 23A. SIG 23A. SIG 24A. BURIAL REMON BURY	inotity medical examined (E. (Month) (Day) (Year (RY) (L) ortify that (I) (this hospital (we) lost saw the deceas or and from the causes sta NATURE SICIAN'S ME (Typel CREMATION, 248. DATE (AL (Specify)	(Hour) 21E, II While Work all) attended the ed all ve on	Not While At Work deceased from Well (did) (did not) when the begate Physical Re of Cemetery of Creek. Auburn	21F. HOW DID INJU	9 10 238. Shoff 238. CCATION (City, town Balto, Md.	DATE SIGNED . vn, or county) (Ske
OR CONDEATH OR CONDEATH 21D. TIME 22A. SIG 23A. SIG 23C. PHY NA 24A. BURIAL REMO BUR:	inotity medical examined (E. (Month) (Day) (Year (IRY) (L) priffy that (I) (this hospital (we) lost saw the decease or and from the causes state NATURE SICIAN'S ME (Typel CREMATION, 248. DATE VAL (Specify) 1.2.1 3.72	(Hour) 21E, II While Work all) attended the ed all we on	Not While At Work deceased from Well (did) (did not) when the begate Physical Re of Cemetery of Creek. Auburn	21F. HOW DID INJU	9 10 238. Shaff 238.	DATE SIGNED vn, or county) (S



	hospital and se of death (5) Deceased ance on the death. Such	
•	occurred in a lontributing cause; regular attend	ie mendo
RTANT	sistant if death the direct or c kind; (4) Undet death was in	final dienocition
FUNERAL DIRECTOR: IMPORTANT	proved by the chief medical examiner or his assistant if death occurred in a hospital and the hospital by a medical examiner. Also, if the direct or contributing cause of death iny nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased except where the physician who pronounced death was in regular attendance on the and (6) No physician was in regular attendance.	Obtained before the remains are embalmed or final disposition is made
NERAL DIRE	thief medical exc a medical exc Body burns; (3) A the physician w	the remains are
FU	proved by the c the hospital by ny nature; (2) i except where and (6) No phy	phtained hefore

hospital to death);

prior to

eceased

D.O.A. at a

approval

Burial

VS 150-REV. 1/1/68

25A. DATE REC'D BY HEALTH DEPT.

the body was released to shows: (1) An accident of

BALTIMORE CITY HEALTH DEPARTMENT 72 07203 CERTIFICATE OF DEATH BIRTH NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEWATER OF MARYLAND-DHMH (Type or Print) GALE THEOLA 7-28-72 4. USUAL RESIDENCE (Where deceosed lived, If institution, residence before odmission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) AND C. CITY OR TOWN D. INSIDE CITY LIMITS? YES A NO MORG STREET AND NUMBER Denison 5. SEX 6. RACE 9. AGE (In years lost birthdoy) If Under 1 Y. Manths! Days If Under 24 Hrs. 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) -AN 13. FATHER'S NAME 14. MOTHER'S MAKEN NAME Daniel Lunn Charlotte 15. Wes Deceased Ever in U. S. Armed Farces? (Yes,no er unknown) (If yes, give war or dates of service) 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Raymond Scott same 18. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF: injury or complication which caused death.) ANTECEDENT CAUSES berlen sich DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION last 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? OR CONTRIBUTING CAUSE OF 216, PLACE OF INJURY (e.g., in ar ebout 21C, WHERE DID hame, farm, factory, street, office bidg., INJURY OCCUR? (II in Beltimore City, give exact lacation) MEDICAL DEATH (notify medical exomined 21 D. TIME OF INJURY (Month) (Doy) (Yearl (Haud 21 & INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At (APPROX) At Work 22. I certify that (I) (this hospital) attended the deceased from 7-20-72 28-1977 that (i) (we) last saw the deceased alive on 7-28-1977 and that In (my) (aur) opinion death occurred on the date and haur ond from the causes stated abave. (1) (We) (did) (did-nat) view the bady after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending m.D Director 7-28-72 Phys. DEOREE 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS

24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State) 8-1-72 Church

25C. FUNERAL DIRECTOR

ADDRESS

Street

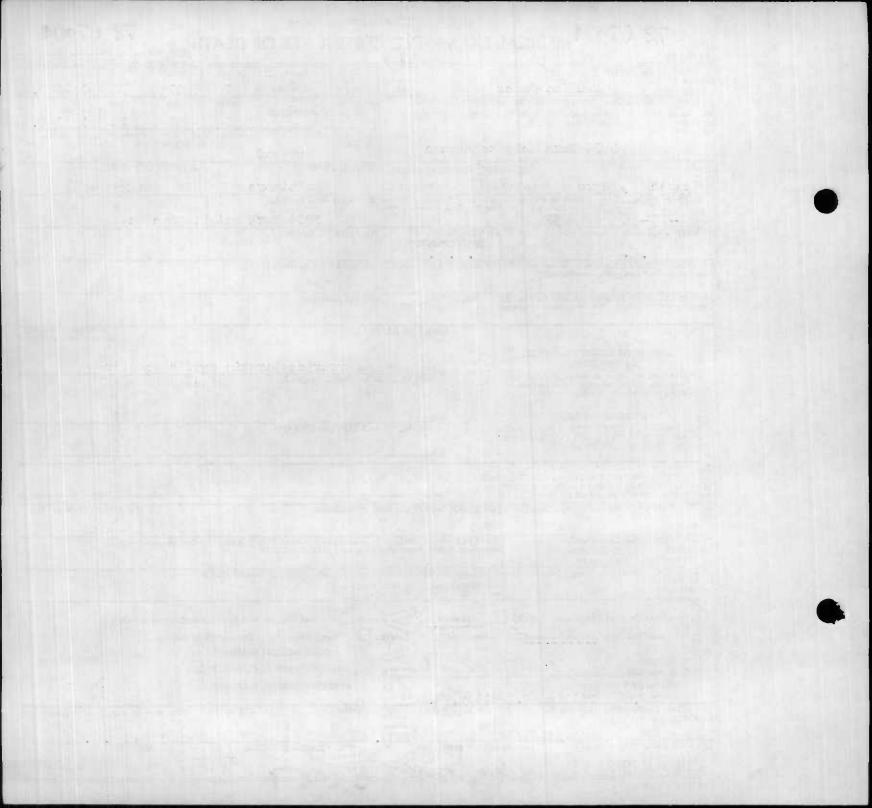
ilev

Calhoun

1348

6.21 40

72	07204 MED	DICAL	EXAMINER'S	CERTIF	ICATE OF	DEAT	H REG. NO.		07204
BIRTH NO.							COLUMN TE	OF VA	DYLAND DI
(Type or Print)		T.		2. DATE OF	Known 🔀	Month		Year	Hour
4 DIACE IN SAL	Pauline			DEATH	Estimoted	7	27	72	3:13 P.
FULL NAME OF HOSPITAL	(IF NOT IN HOSPIT ADDRESS OR LOCA		UTION, GIVE STREET	3. DATE PRONG	DUNCED DEAD	Month 7	27	Yeor	3:13 P.
OR INSTITUTION	3934 Park	Height	s Avenue	5. USUAL A. STATE	RESIDENCE (Where Maryland	deceosed I	B. COUNTY	n: residence i	belore odmission
6. SEX	7. RACE	8. MARRIE	DE NEVER MARRIED	C. CITY O			D. INSIDE C	ITY LIMITS?	-
Female	Negro	WIDOWE			Baltimore			ES 🔀	NO 🗆
9. DATE OF BIRTH			Under I Yr. II Under 24 Hrs.	E. STREET	AND NUMBER		1	E3 L/I	NO LJ
1-13-2	20 52		onths Days Hours Min.		3934 Park	Heig	hts Aven	iue	
N.	tote or loreign country)	12	WHAT COUNTRY?		o McCrav				
14A.USUAL OCCUP	PATION (Give kind of work	14B. KIND	F BUSINESS OR INDUSTR	Y 15. MOTH	ER'S MAIDEN NAM	WE 3N			
	orking lile, even if retired)				ldie				
Yes, no or unknown)	D EVER IN U.S. ARMEI (Il yes, give wor or dotes	ol service)	SECURITY NO.	18. INFOR	MANT		A	DDRESS	
				Albe	rt Jones		same		
(This does no heart follure,	E OR CONDITION DIRE LEADING TO DEATH of mean the mode of dy osthenia, etc. It means the plicotion which coused de	ling, e.g.,			eriesclero QUENCE OF:		ardiovas sease	cular	
DISEASES C	ITECEDENT CAUSES OR CONDITIONS, IF AN' ABOVE CAUSE (A) STA IG CONDITION LAST.	, GIVING TING THE	(B) DUE TO, OR	AS A CONS	EQUENCE OF:				
DISEASE OR	II IFICANT CONDITIONS C THE BUT NOT RELATED TO CONDITION GIVEN IN P	THE TERMIN	AL						
	OPERATION 208. CO	NDITION FO	OR WHICH OPERATION W	AS PERFOR	MED				PSY7 (Yes or No
UNDERLYING	NAL CAUSE WAS OR CONTRIB- USE OF DEATH.	ho ho	8. PLACE OF INJURY (e.g., me, form, lactory, street, office	In or about a bldg., etc.)	22C. WHERE DID (lf in Boltimo	re City, give exc		
22D. TIME (IOF INJURY (APPROX.)	Month) (Doy) (Year		22E.INJURY OCCURRED WHILE AT WORK AT V	WHILE VORK	22F. HOW DID INJ	URY OCC	UR?		
	fy that I held an I ed from: Natural cau		Accident Suicio			Indetermi	death in my		
ACTUAL SIGNATU	RE De	P	mulloy	ASS	CHIEF MEDICAL E		X		DATE SIGNED
EXAMINE NAME (T)	R'S		11ov. M.D.		OCIATE MEDICAL E	XAMINER		7	7-28-72
24A. BURIAL CREM REMOVAL (Specify	ATION. 248 DATE		24C. NAME of CEMETERY	or CREMAT	ORY 24D. L	OCATION	(City, town	, or county)	(Stote)
Burial 25A. DATE REC'D 8	7-31-		Church Cem	25C.	FUNERAL DIRECTO	RIT BO	Raeford	DDRESS	C.
JUL 31	1972 Did	my to	Dan Kont		lson F.H.	13	48 Call	noun	Street
/S 151-REV. 1/1/68		1	3	0 4	. 0				



C-416

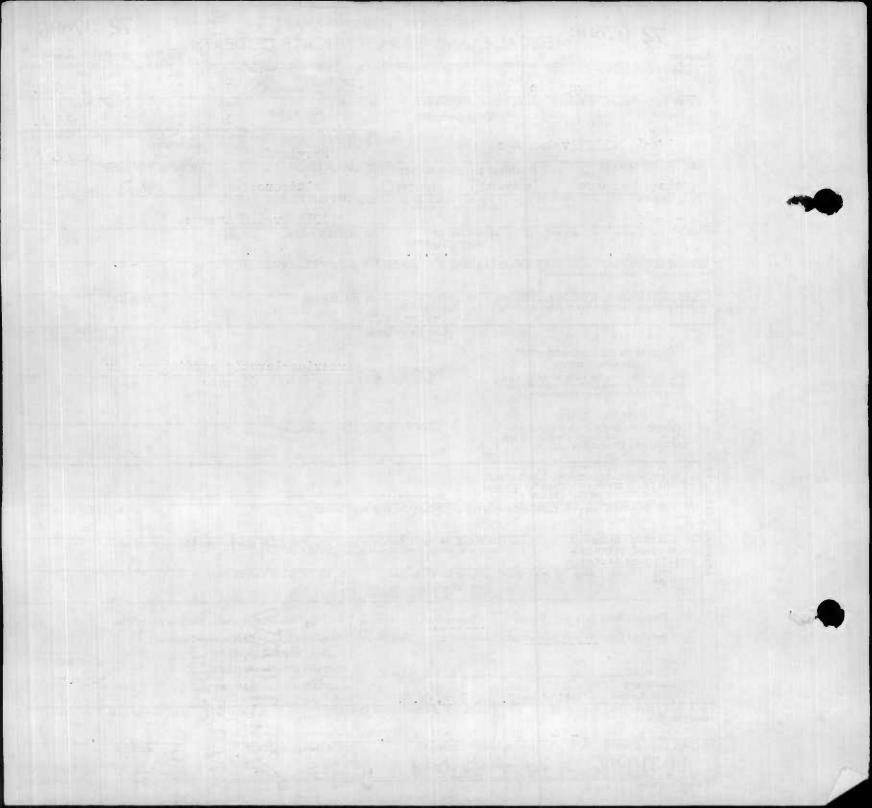
72 07205 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

IRTH NO.	WILL	ICAL	LAA	MINATIVO		CAIL	Oi	PLA	THE OF	MARYL	AND-DI	IMH
NAME OF DEC	CEASED				2. DATE	Knawn	XX.	Month	Day	Year	Hour	
ype ar Print)	Ada Glover				OF DEATH	Estimot	_	7	25	72		м
PLACE IN BAI	LTIMORE, MARYLAND, V	VHERE PR	ONOUNG	CED DEAD	3. DATE			Manth	Doy	Year	Hour	791
ULL NAME OF	(IF NOT IN HOSPITA	AL OR INST	ITUTION, C	GIVE STREET		INCED DE		7	25	72	9:15	М
R INSTITUTION	2830 W. Bake	r Str	eet		A. STATE	esidence	(Where		ed, If institution B. COUNTY	: residence l	sefare odm	ission)
. SEX	7. RACE	8. MARR	IED NI	EVER MARRIED	C. CITY OR				D. INSIDE CIT	TY LIMITS?		
female	Negro	WIDOW		DIVORCED 🖾	Ba1	to.			YE	s 🔀	NO 🗌	
DATE OF BIRT	last birthdo		If Under 1 Manths , D	Yr. If Under 24 Hrs. Pays Haurs Min.	E. STREET A			r Stre	et			
	State or foreign country)			EN OF COUNTRY?	13. FATHER		banc	L DELC				01
	JPATION (Give kind of work				Y 15. MOTHE	R'S MAIDE	N NAM	AE .				
one auring most or	working life, even if relired)				Cath	erine	Ga	ither				
6. WAS DECEAS	ED EVER IN U.S. ARMEI	FORCES		SOCIAL	18. INFOR					DRESS		
es, no or unknown	(If yes, give war or dates	of service	21	3098289	Ruch	ell E	leed	son	401		ankli	n St
19.44	24			CAUSE OF DEA	TH		H				PROXIMATE I	
DISEAS	SE OR CONDITION DIRE	CTLY		Arterios	cleroti	c car	diov	ascula	r diseas	se		
	LEADING TO DEATH			(A)IMMEDIATE	CAUSE							
	not mean the mode of dy			DUE TO, OR	AS A CONSEQ	UENCE OF						
	mplication which coused de											
A	NTECEDENT CAUSES			(B)								
DISEASES	OR CONDITIONS, IF AN	Y, GIVING		DUE TO, OR	AS A CONSE	QUENCE O	F:					
UNDERLYI	E ABOVE CAUSE (A) STA	IING IHE		(c)								
5				(0)								****
O THE DE	II NIFICANT CONDITIONS C ATH BUT NOT RELATED TO R CONDITION GIVEN IN P	THE TERM	INAL									
	F OPERATION 20B. CO			CH OPERATION W	AS PERFORM	ED				21. AUTO	PSY? (Yes	or No)
5 0										no		
	NAL CAUSE WAS			E OF INJURY(e.g., n, factory, street, affi				if in Sollimar	e Cily, give exo	cl lacotian)		
	G OR CONTRIBA		nome, lorn	ii, raciory, street, and	e brag., erc.)	43011 00	COK:					
OF INJURY		r) (Havi) 22E. IN	JURY OCCURRED	2	2F. HOW	DID IN.	URY OCCI	JR?			
(APPROX.)			m. WHILE		VORK							
23.		_	_									
I cer	tify that I held on	nquiry L	_ lns	pection XX Au	topsy	ond the	ot on th	is basis,	deoth in my	opinion		
resul	Ited from: Notural cau	ses XX	Accid	ent Suici		micide [ned monner [
	of	//	150	1 ++++		CHIEF MEL	DICAL E	XAMINER			DATE SIG	CALED
SIGNAT		12	UYU	Muly M.	ASSI	STANT ME	DICALE	XAMINER	EX		DATE SIG	SINED
EXAMIN NAME (VER'S Peter L	zpkov	ic, M	.D.	ASSC	CIATE ME	DICAL E	XAMINER		7/	25/72	
24A. BURIAL CRE	MATION, 24B. DATE		24C. N/	AME of CEMETERY	or CREMATO	ORY	24D.	LOCATION	(City, tawn	, ar counly) (SI	late)
Buria		.72	Po	t. Aubur	n Cem.		F	Balto	b.M.			
	BY HEALTH DEPT.	25B. N	AME OF	REGISTRAR	25C.	FUNERAL	DIRECTO	R. Bai	Ley A	DDRESS	-	
JUI 31	1972 Dro	Lyey 1	NYW	414.2	Ke	lson	F.H	. 13	48 Cal	houn	Stre	et
000		1	1		13	9-1	-				1	

T06221 107 E 7 E 7 E 7 E 302 15', 25' ETC 10 CO. 2

72 07206 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.		77166	10/12		CLICITI	ICATE OF	DLAI	SAL MAR	OF MA	BALTM	D-DHMI	
NAME OF DEC	EASED				2. DATE	Known B	Month	Doy	Year	Hour		
Type or Print)	На	rry Fi	.elds		OF DEATH	Estimoted	7	28	72	8:15	A. M.	
. PLACE IN BAL	TIMORE, MA	RYLAND, Y	WHERE PRO	NOUNCED DEAD	3. DATE		Month	Day	Yeor	Hour	IVI.	
ULL NAME OF IOSPITAL OR INSTITUTION	(IF NO	T IN HOSPITA	AL OR INSTI	TUTION, GIVE STREET		DUNCED DEAD	7	28	72	8:15	8470	
A INSTITUTION	2312	Avalo	n Ave	nue	A. STATE	RESIDENCE (Where	e deceased l	B. COUNTY	n: residence b	elore odm	(nosion)	
. SEX	7. RACE		B. MARRI	D NEVER MARRIED	C. CITY O			D. INSIDE C	ITY LIMITS?		-	
Male	Negr	0	WIDOWI			Baltimore			ES 🔼	[7]		
OATE OF BIRTH	1	10. AGE (in	n yeors	ff Under 1 Yr. ff Under 24 Aonths Days Hours	Hrs. E. STREET	AND NUMBER 2312 Avalo	on Avei		ES [_]	NO L		
I. BIRTHPLACE (S	va.	n country)	ľ	2. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Nelson Fields						
A.USUAL OCCU		kind of work	148. KIND	OF BUSINESS OR INDU	The state of the s							
one during most of w	orking life, ev	en ifreilred)			Roc							
es, no or unknown)	D EVER IN	U.S. ARMED	FORCES?	17. SOCIAL	18. INFOR	MANT		A	DDRESS			
no	(ii yes, give i	.01 01 00163	or service,	SECURITY NO.	1899A	Elmira	Fiel	lds	same			
19.	1.44			CAUSE OF						PROXIMATE I		
DISEASES OF RISE TO THE UNDERLYING		CAUSES ONS, IF ANY USE (A) STA ON LAST.	, GIVING TING THE	(c)	OR AS A CONS	EQUENCE OF:						
2 TO THE DEA	IFICANT CON ITH BUT NOT CONDITION	RELATED TO	THE TERMIN	NG IAL								
20A. DATE OF	OPERATION	208. CO1	NDITION F	OR WHICH OPERATION	WAS PERFOR	MED			21. AUTO	PSY? (Yes	or No)	
									1	No		
UNDERLYING UTING CAL		TRIB-	2: h	2B.PLACE OF INJURY(ome, form, loctory, street,	e.g., In or obout office bldg., etc.)	22C. WHERE DID INJURY OCCUR?	(if in Baltimo	re City, give exc	ict location)			
OF INJURY (APPROX.)	Month) (D	oy) (Year		22E.INJURY OCCURE WHILE AT WORK	NOT WHILE AT WORK	22F. HOW DID IN	JURY OCC	UR?				
	fy that I he		nquiry 🗀	Inspection	Autopsy 🗌	and that on th	als basis,	death in my	opinion			
result	ed from: N	atural cau	505 X	Accident L Su	ilcide 📙 H			ned manner				
ACTUAL		201	P	nullay	ASS	CHIEF MEDICAL E				DATE SIG	NED	
SIGNATU		G- ()	0 ,	rucing		OCIATE MEDICAL E			7	-28-7	2	
AA. BURIAL CREM		Willi 48. DATE	am P.	Mulloy, (M.D.		ORV 124D	LOCATION	ICH. M	, or county)	10:	4.1	
EMOVAL (Specifical)	y)		2			240.1				(Sto	nej	
SA. DATE REC'D I		8-1-7 DEPT		Church Ge	em.	FILLIED AL DIDECTO		Rawling		•		
JUL 31	1972	Ario	Lovery	whostens		son F.H.	A * TOCTT	ley A	oun S	tree	t	
			1/4		7)		-					

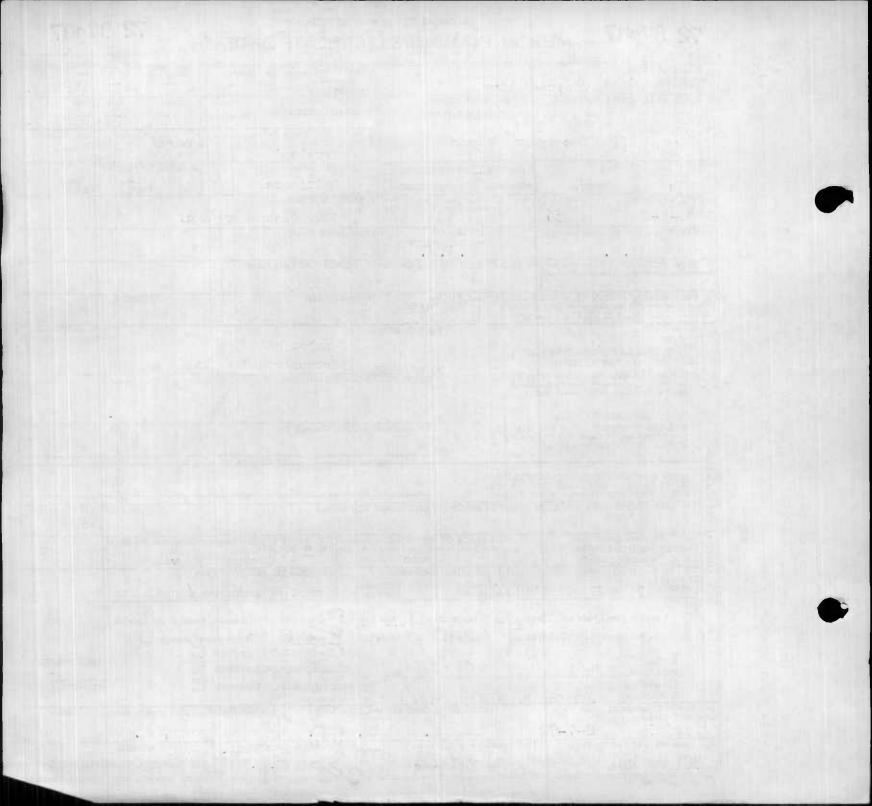


A-423

72 07207

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

IRTH NO.				-/ \/		SEICH II		01	רבתו	REG. NO.			
NAME OF DEC	EASED					2. DATE	Known	X	Month	SOMATIN	OF YOUR	HOUT	DHA
ype or Print)		Alonzo	Alst	on		OF	Estimote	_	7	27	72	11:00	P _M
PLACE IN BAL					ICED DEAD	3. DATE			Month	Day	Yeor	Hour	- M.
ULL NAME OF OSPITAL	(IF NO		L OR INST		GIVE STREET		INCED DE	AD	7	27	72	11:00	P .M.
RINSTITUTION	5100	Queens	bury .	Aven	ue	A. STATE	sidence ryland		deceosed li	red. If Institution B. COUNTY	residence b	elore odmiss	
SEX	7. RACE		B. MARRI	ED KIN	NEVER MARRIED	C. CITY OR				D. INSIDE CI	TY LIMITS?		-
Male	Neg	ro	WIDOW	-	DIVORCED [Ва	ltimo	ce		Yı	ES E	по 🗆	
6-5-2		ID. AGE (in	yeors y)	If Under Months	Yr. II Under 24 Hrs. Days s Hours Min.		.00 Que		bury A	ve.			
. BIRTHPLACE (S	tote or foreig	n country)	1	2. CITIZ	EN OF	13. FATHER							
7	I.C.				T COUNTRY?	Jo	hn Al	eto	n				
A-USUAL OCCU		e kind of work	148. KIND		INESS OR INDUSTR								
ne during most of w	orking life, ev	en if rettred)						4 449511	16				
WAS DECEASE	D EVED IN	ILC ADMED	FORCES		COCIAL		illy						
WAS DECEASE es, no or unknown)	(if yes, give w	var or dotes	of service)	17.	SOCIAL SECURITY NO.	18. INFORM	1,1			Al	DDRESS		
ves	3-4-41	*1-5-	-46	2:	20013330	Mary	Lou I	Alst	on	same			
19.	651	X			CAUSE OF DEA		shot a	nd				PROXIMATE INT EEN ONSET AN	
	OR COND		CTLY										
	EADING TO				(A)IMMEDIATE	2000	tgun v	voun	d of h	ead			
(This does no heart foilure,	osthenia, etc.	. It means the	disease,		DUE TO, OR	AS A CONSEQ	JENCE OF:						
injury or com	pitcation which	th coused dea	ith.)										
AN	TECEDENT	CALIFEC											
			GIVING		(B) DUE TO, OR	AS A CONSEC	UENCE OF	2					
RISE TO THE	ABOVE CAL	USE (A) STAT	ING THE										
UNDERLYIN	G CONDIII	ON LASI.			(c)								
		11							-				
TO THE DEA DISEASE OR	TH BUT NOT	RELATED TO	THE TERMIN	NG NAL									
20A. DATE OF	OPERATION	1 20B. CON	IDITION F	OR WH	CH OPERATION W	AS PERFORM	ED				21. AUTO	PSY? (Yes or	No)
												es	
22A. EXTERN UNDERLYING	AL CAUSE		2 h	2B. PLAC	E OF INJURY (e.g., m, foctory, street, office	in or obout 22	C WHERE	DID (I	f in Boltimor	City, give exa	ct location)		_
UTING CAL	SE OF DEA	TH.			House				ensbur	y Avenu	e	-/1	/
		oy) (Year	(Hour)	22E.II	NJURY OCCURRED	22	F. HOWD						
(APPROX.) 7	27	72 1	1:00	WHILE	AT NOT	WHILE X	shot I	337 11	nknow	assail	ante		
23.		7	1.00	II. WORK	AIT	OKK EL	DIIO C	Jy u	IIICIIOWI	assair	ancs		
I certi	fy that I he	old on Ir	nquiry [In	spection Au	topsy 3	and that	on thi	s basts	death In my	onlalon		
	ed from: No									-	-		
resulti	ed from: No	o tura i caus	Ces LI	Accid	lent Suicid		nicide X			ed manner L	٦		
ACTUAL		911	DI	2.	.00 .	C	HIEF MEDI	CAL EX	CAMINER		1	DATE SIGN	ED.
SIGNATU	RE O	Wy	0	ru	elloymo	ASSIS	TANT MEDI	CAL EX	AMINER	X		DAIL SIGN	20
EXAMINE	R'S				1		CIATE MEDI	CAL EX	AMINER		7	-28-72	
NAME (Ty		illiam	P. M										
A. BURIAL CREM		48. DATE		24C. N	AME of GEMETERY	or CREMATO	RY	24D. L	OCATION	(City, town,	or county)	(Stote)
Burial		1-72		Ba	alto. Nat	11. Ce	m.	E	Baltin	ore, Mo	3		
A. DATE REC'D					REGISTRAR					iley A			
ли 31	1972	Dids	rey so	1/0	more		son H		13/	-1		treet	1



shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death FUNERAL DIRECTOR: IMPORTANT

		יי טוייו		BALTIMO	ORE CITY	HEALTH DEPARTMENT		'72	07208
81	RTH NO.	72 0	1208	CERT	IFICA	TE OF DEATH	REG. NO		L
	NAME OF DECEASED	4.4	الملأ			2. DATE A	NO HOUR OF DEATH	OB. MA	RYLAND-DHMH
3	PLACE IN BALTIMORE		L T	OUNCED DEAD		4 USUAL RESIDENCE (Who	July	26	1 (97) M. residence before admission
						A. STATE B. COU	war war	LAWI	b / 6 /
Ηн	ULL NAME OF (IF I OSPITAL OR ADI	DRESS OR LOCA	TION)	ITUTION, GIVE ST	REET	C. CITY OR TOWN	CAPTO COLO	SIDE CITY	LIMITS?
	n. ot	Md.	Hos	petal		Baltimore		YES _	
	38					E. STREET AND NUMBER	Carrall	4	N
5.	SEX 6. RACE		7. MARRIE	NEVER MAR	RIED 🗍	8. DATE OF BIRTH	9. AGE (In years		
	F	N	WIDOWE	DIVOR	1	9124 1990	lost birthdoy)	Months	Poys Hours Min.
do	A. USUAL OCCUPATION no during most of working life	(Give kind of work , even if retired)	10B, KIND	OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE (Stote or lore		12. CI1	TZEN OF WHAT COUNTRY?
	Honce wite					North Car	oluin		U.S.A
113	FATHER'S NAME	I D.	1)			14. MOTHER'S MAIDEN NA	ME		
15.	Was Deceased Ever in L	Amed Force],	1 6. SOCIAL		Racher Y	BULL		ADDRESS
(r	Was Deceased Ever in Uses, no or unknown) (If yes,	give wor or dotes	of service	SECURITY N	0.	ELL + To	110 d	RI	To Is A
-	18. / /	1		CAUSE O	7283 F DEATH	LIFEZ DONG	3 2226	1607	APPROXIMATE INTERVAL
	DISEASE OR CO		ECTLY						BETWEEN ONSET AND DEATH
	This does not mean	TO DEATH	dying, e.g	DILE T	DIATE CAU	SE Cardiogenic	Shock		ZHR.
	heart failure, asthenia,	elc. Il means which caused	the diseas death,)	,	o, or as	CONSEQUENCE OF:			
		ENT CAUSES		(B)	Myor	ordial Into	arction		124 days
	DISEASES OR CON	DITIONS, if a couse (A)	ny, givin- sloting th	DUE TO	O, OR AS	A CONSEQUENCE OF:			
	UNDERLYING COND	TION last		(c)		******************************			
Z	OTHER SIGNIFICANT CO	II INDITIONS CON	ITRIBUTING	, u,					
ATION	TO THE DEATH BUT NO	TRELATED TO THE	E TERMINAL		YA			**********	
CERTIFIC	19A. DATE OF OPERATE	WAS PERFO	ORMED	WHICH OPERATIO	ON	20A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDING!	CONSIDERED DEATH?
11 -	21A. ACCIDENT WAS I	INDERLYING	21	B. PLACE OF INJU	RY (e.g., in	or obout 21C, WHERE DID	(If In Boltimo	re City, giv	ve exact lacation)
장	DEATH (notify medical	exomined	ete	me, term, lectory,	street, on	ce bidg., INJURY OCCUR?			
MEDI	OF INJURY	(Doy) (Year)		E INJURY OCCUP		21F. HOW DID INJ	URY OCCUR?		
-	(APPROX)		W	ork 🔲	Not While At Work				
	22. I certify that (I)			1 -			19to	7/2	19 7 5
	and hour and from the					19	ot in(my) (our) opl	nion dec	th occurred on the date
	23A. SIGNATURE	3,0,0	0 000701	(1) (110) (010) (01		ew the bady after death.		23 B, DA	TE SIGNED
	Carl	5. gas	lowa	M. V	Atten	ding Med.	Staff Phys.	1	126172
	23C. PHYSICIAM'S NAME (Type)			0		3D. ADDRESS			
24	A. BURIAL CREMATION,	24B, DATE	Mow		DEGREE	u. of ma.	0.03300		
	REMOVAL (Specify	7/3/1	9	AME OF CEMPTER	1 CY 11	in Alux 240. L	OCATION C	Hy Joyun.	ør county) (Stote)
25	A. DATE REC'D BY HEAL	тн рет.	SB. NAME	OF REGISTRAR	win	24C. PUNERAL DIRECTOR	Mo. Ti	14	ADDRESS /
	IUL 31 1972	Thomas	MI	MALLY!	0	Bildines to	med Ann	1 314	Il kaprocola
VS	150-REV. 1/1/6B								1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

VINTON NAMED 1159 1000

25C. FUNERAL DIRECTOR

ADDRESS

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VS 151-REV. 1/1/68

25A. DATE REC'D BY HEALTH DEPL

258. NAME OF

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Verse and proper stores of the second

1250 A. 2526 Avecep

PLEASE NEW YORK

24C. NAME of CEMETERY or CREMATORY

258, NAME OF REGISTRAR

WHOSE

Greenmount Crematorium

24D, LOCATION

H. Sander & Sons, Inc., Balto

25C. FUNERAL DIRECTOR

(City, town, or county)

Baltimore, Maryland

(State)

NAME (Type)

24A. BURIAL CREMATION,

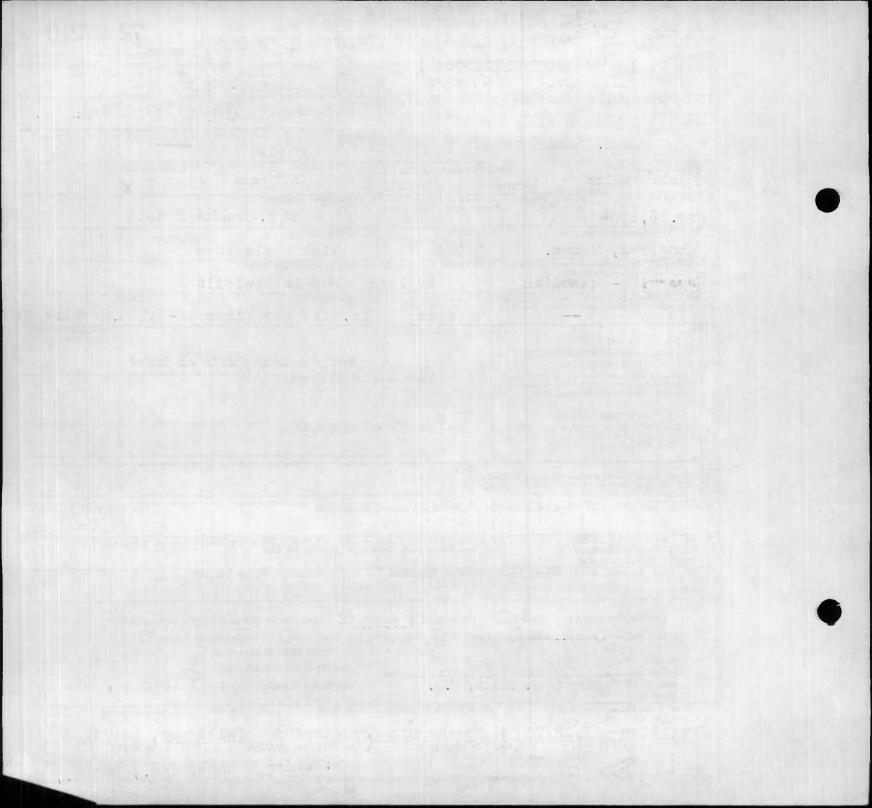
25A. DATE REC'D BY HEALTH DERT.

REMOVAL (Specify)
Cremation

VS 151-REV. 1/1/68

248. DATE

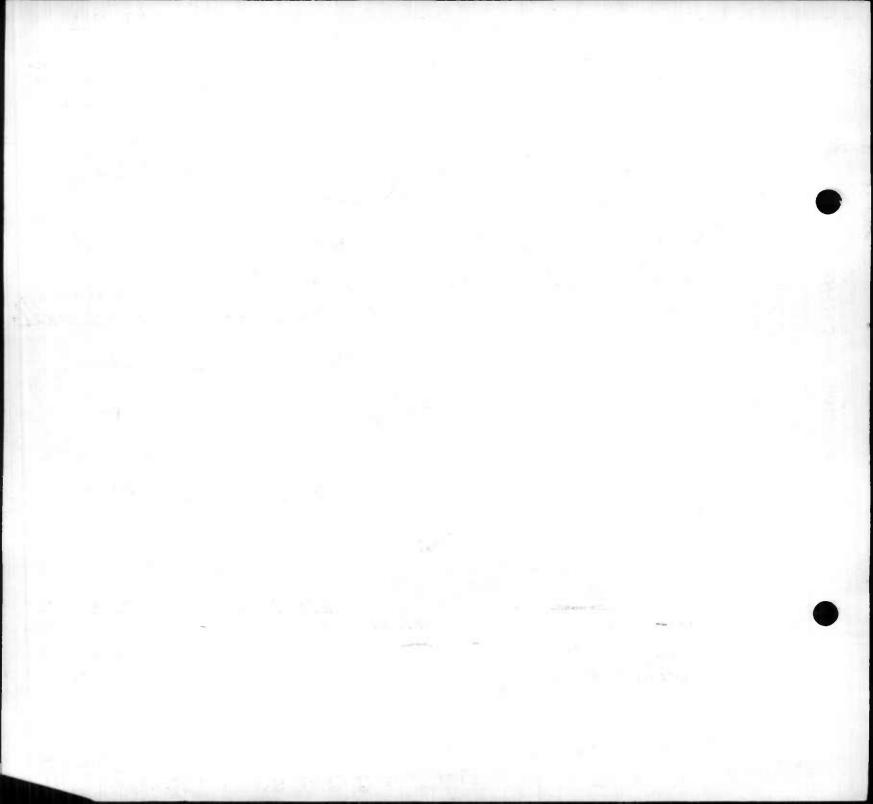
7/28/



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

/ ~ = =	BALTIMORE CITY	HEALTH DEPARTMENT	כדי	07211
6-563 72 07211	CERTIFICA	TE OF DEATH	STATE OF MA	RYLAND-DHMH
1. NAME OF DECEASED (Type or Print)	11	2. DATE AND	HOUR OF DEATH	10 30 -
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUND		4. USUAL RESIDENCE (Where	deceased lived. If institution	nt residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ON, GIVE STREET	MARYWA	ND	909
INSTITUTION		C. CITY OR TOWN	D. INSIDE CITYES	
70 11 11 11 11	1 '	E. STREET AND NUMBER	15 -40	A NOT
5. SEX 6. RACE 7. MARRIED 7.	ines	8. DATE OF BIRTH 19.	AGE (In years If U	re
F WIDOWED	DIVORCED DIVORCED		st birthdoy Mon	nder 1 Yr. If Under 24 Hrs. ths Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLA CE (State or loreign	country) 12.	CITIZEN OF WHAT COUNTRY?
PROPRIETOR RESTA	URANT	BALTIMORE 14. MOTHER'S MAIDEN NAME	MD	U.S. R.
11/11/1200 Elin	n. T11	14. MOTHER'S MAIDEN NAME	1	
15. Wos Decoosed Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or doles of service)	SOCIAL SECURITY NO.	17. INFORMANT	22:	2 ADDRESSONO CACY
No		MRS. SANEC.	SMITH BA	TO MD 21221
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAU	E altinochute)	Henry Daning	126
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury at complication which caused death.)		CONSEQUENCE OF:	A	
ANTECEDENT CAUSES	Tank	1. atimel	,	4
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	CONSEQUENCE OF:		- Jan
rise to the abave cause (A) stating the UNDERLYING CONDITION last.	(c)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	6. 2			
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		E at langity : rece	mer aning the	infection
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING IO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING IO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS IO THE SIGNIF	CH OPERATION	20A AUTOPSY? (Yes or No.	208 IF YES, WERE FINDIN	GS CONSIDERED OF DEATH?
OP CONTRIBUTING CONTRE OF	CE OF INJURY (e.g., in orm, loctory, street, offi	or obout 21C. WHERE DID	(If In Boltimore City,	give exact location)
DEATH (notify medical examiner) 21D. TIME (Month) (Doyl (Year) (Hour) 21E, IN) While A				
	IURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
(APPROX.) Work	Not While At Work		Y OCCUR?	
22. I certify that (1) (the long tended the control of the control	Not While At Work			7/28/1972
22. I certify that (1) (the hospital) attended the control (1) (the hospital) attended	Not While At Work	1/26/19 -/ 19 2 — and that	6/-10	7/28/ 19 7L eath accurred on the date
22. I certify that (1) (the long tended the control of the control	Not While At Work	1/26/19 -/ 19 2 — and that	<i>G1</i> _to In(my) (our) apinian d	eath accurred on the date
22. I certify that (1) (the hospital) attended the attended the attended to lost saw the deceased olive on ond hour ond from the causes stoted above. (1) (W	Not While At Work leceosed from	19 2 and that	S/_to_ In(my) (⊕+) apinian d 238.D	
22. I certify that (1) (the invest) attended the certify that (1) (the invest) attended the certification on the causes stoted above. (1) (Was a sign at the certification of the causes stoted above. (1) (Was a sign at the certification of t	Not While At Work leceosed from 7/12 (e) (did) (did not) vi	19 2 and that	<i>G1</i> _to In(my) (our) apinian d	eath accurred on the date
22. I certify that (1) (the long test) attended the certify that (1) (the long test) attended the certification on the causes stoted above. (1) (Washington) 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	Not While At Work leceosed from 7/12 (e) (did) (did not) vi	19 2 and that ew the bady after death. Med. Director Physics 3D. ADDRESS	S/_to_ In(my) (***) apinian d 238, D 7	eath accurred on the date
22. I certify that (1) (the local attended the certify that (1) (the local attended the certify that (2) lost saw the deceased of the certify that (3) lost saw the deceased of the certify on the causes stoted above. (1) (Was 23A. SIGNATURE 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME 24C. NAME 24C. NAME	Not While At Work leceosed from 2 / 2 Alten OEGREE DEGREE	19 2 and that ew the bady after death. ding Med. Ske Director Phy	S/_to_ In(my) (***) apinian d 238, D 7	ATE SIGNED
22. I certify that (1) (the long test) attended the certify that (1) (the long test) attended the certification on the causes stoted above. (1) (Washington) 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	Not While At Work leceosed from 2 / 2 Alten OEGREE DEGREE	19 2 and that ew the bady after death. ding Med. Ske Director Phy	S/_to_ In(my) (***) apinian d 238, D 7	ATE SIGNED



4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD 7 26 72 9:45 a e _M . 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
602 E. 27th Street	A. STATE Md. B. COUNTY 904
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
female White WIDOWED A DIVORCED	Balto. YES NO NO
9. DATE OF BIRTH Dec. 24, 1892 10. AGE (In years If Under 1 Yr. If Under 24 Hrs Months, Doys Hours Min.	
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Baltimore, Maryland WHAI COUNTRY?	? Manger
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	THE TOTAL TO
done during most of working life, even if retired)	Sophie ?
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	IB. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 217-01-967	9D Herman Dorsch-1700 Meridene Dr.12
19 CAUSE OF DEA	
DISEASE OR CONDITION DIRECTLY Arte	
LEADING TO DEATH (A)IMMEDIATE	riosclerotic cardiovascular di s ease
	AS A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
(D)	AS A CONSEQUENCE OF
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OF THE PEACH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	VAS PERFORMED 21. AUTOPSY? (Yes or No)
Ö	no
4 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g. home, form, foctory, street, offi	, in or obout 22C. WHERE DID (If in Boltimore City, give exact location)
S STATE OF THE STA	ice bldg., etc.) INJURY OCCUR?
22D. TIME (Month) (Day) (Year) (Hour) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY WHILE AT NO	T WHILE C
23.	WORK
I certify that I held on Inquiry Inspection XX A	utopsy ond that on this basis, death in my opinion
resulted from: Natural couses Accident Suici	de Homicide Undetermined manner
71 1. 500	CHIEF MEDICAL EXAMINER
SIGNATURE SUPPLIES ACTUAL SIGNATURE	ASSISTANT MEDICAL EXAMINER 7/26 1/72
EXAMINER'S Peter Lipkovic, M.D.	ASSOCIATE MEDICAL EXAMINER
NAME (Type)	
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETER'S	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	ge Cemetery Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
JUL 31 1972 Hisney Inthoston	H. Sander & Sons, Inc., Balto.,
VS 151-REV. 1/1/6B	3209

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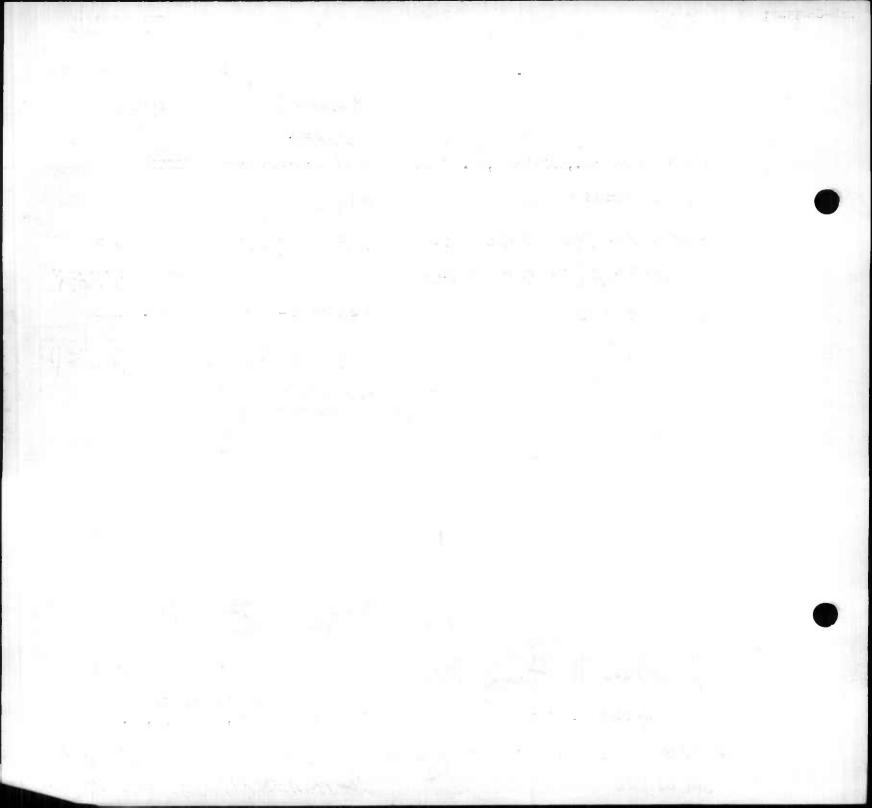
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shows: Was

FUNERAL DIRECTOR:

sab-59-35-21

BALTIMORE CITY HEALTH DEPARTMENT 72 07213 CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) ames ittman 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY Maryland Baltimore FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? YES NO X E. STREET AND NUMBER 4940 Eastern Ave., Baltimore, Md. 1639 Dartford Road 21221 is made. 5. SEX 8. DATE OF BIRTH 9. AGE (In years · MARRIED NEVER MARRIED If Under 1 Yr. Months; Doys If Under 24 His. Hours lost birthday Caucasian WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? isposition done during most of working life, even if retired) 13. FATHER'S NAME 4. MOTHER'S Myrtle 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. A Records: BCH-4940 Eastern Ave. 21224 18. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenio, etc. Il means the disease, injury at complication which caused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, il ony, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the above couse (A) stating the UNDERLYING CONDITION last remains (C). 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION | 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208, IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218 PLACE OF INJURY (e.g., in at about 21C. WHERE DID home, farm, factory, street, affice bldg., INJURY OCCUR? (If In Baltmore City, give exect location) MEDICAL DEATH Inatify medical examined etc.) (Month) (Doyl (Hour) (Year) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While r (APPROXI Al Work 22. I certify that (I) (this hospital) attended the deceased from that (i) (we) last saw the deceased alive an and that in (my) (aur) apinion death accurred on the date must and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A SIGNATURE 238, DATE/SIGNED Attending [approval Phys. Phys. 23C. PHYSICIAN'S 23D. ADDRESS Baltimore City Hospitals NAME (Type) Matthew N. Fine 4940 Eastern Avenue, Baltimore, Md. 21224 DEGREE 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, tawn, or county) (State) written 150-REV. 1/1/6



//	100			BALTIMORI	CITY HEALTH DEPAI	CIMENI	12 01	C14
BIRTH	-600	72 (7214	CERTIF	CATE OF DE	ATH REG. I	STATE OF MAR	TLAND-DE
1, NA	ME OF DECEMS	USTIN	CAR	R		2 DATE AND HOUR OF		3:35
3. PL/	ACE IN BALTIM	ORE, MARYLAND, V	VHERE PRONOL	INCED DEAD	4. USUAL RESID	B. COUNTY	ed. Il institution: residenc	a belore amissi
FULL	NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	TION, GIVE STREE		d f		630
INSTI	TUTION	Provident 2600 Liber			C. CITY OR TOW	ountain Circle	D. INSIDE CITY LIMITS?	NO 🖵
	29	Baltimore,			E. STREET AND	NUMBER		32
		ACE				een Mountain C	ircle	, If Under 24 h
5. SEX			* MARRIED [NEVER MARRIE		lost birthday)	Months Doys	Hours Min.
	JSUAL OCCUPA	egro TION (Give kind of wor			- O-10-00	(State or foreign country)	12. CITIZEN O	FWHAT COUNT
done d	during most of work	ing life, even if r effred)			V/4 4 4		U-S-A-	
13. FA	ATHER'S NAME				14. MOTREK'S		LUedeRe	
		igh Carr				a Carr		
15. We	as Deceased Eve no or unknown! (II	r in U. S. Armed Fo yes, give war or dat	rces? es of servicel	SECURITY NO.	17. INFORMANT		ADD	RESS
- 12				231-52-89	12 Alberta	Mangana (DAUG	TER) SAME	OXIMATE INTERVA
18	7-100	or condition of	DECH Y	CAUSE OF	(1)	1 1 1		N ONSET AND DE
	LEA	DING TO DEATH		(A) IMMEDIA	Legali M	yocar deal	Tallino	
i i	This does not interest failure, ast	mean the mode of henia, etc. It means ation which cause	dying, e.g.,		OR AS A CONSEQUENCE	Of:		
ie	njury or complic	ation which caused	death	/ 1/			//	
	0.019			(1/1)	your Usley	exclusur a	ardlova ced	and the
		ECEDENT CAUSES	\$	(B) DUE-100	OR AS A CONSEQUENCE	LEACHILIC G	arklova cid	af the
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ń	DISEASES OR ise to the co	ECEDENT CAUSES	s any, giving	(c)	AMU GELL OR AS A CONSEQUENCE CACCE POR	essellettic Car	ardlora cid	af an
- 00	DISEASES OR ise to the cunderlying C	ECEDENT CAUSE: CONDITIONS, If ibove cause (A) ONDITION lost	sany, giving stating the	(c)	AMU WELL OR AS A CONSEQUENC WILL JOY	essellettic Consider Ryn	ardeone	ef ma
TION TO TO	DISEASES OR ISSE TO THE SIGNIFICATION OF THE DEATH BUSINESS OR CONTINUE TO	CONDITIONS, If above couse (A) ONDITION lost. II ONDITION lost. II ONDITION COUT NOT RELATED TO 10 DEPARTMENT 19 FACTOR 19 FACTION 19 FACTOR 19	eny, giving stating the Contributing the Contributing the terminal RT 1 (A).	(c)	ince Br	air (Lyn	adlova cid	SIDERED
RIPICATION C.S.	DISEASES OR ise to the cunderlying Contential of the Death Building of the Death Buildin	CONDITIONS, If above cause (A) ONDITION lest. II NIT CONDITION S COUT NOT RELATED TO TO THE COUNTY OF THE COUNTY	Eny, giving stating the stating the Terminal RT 1 (A).		PARIL PAR	TE (Yes or Not) 20B. IF YES, IN CERTIFY		
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CAL CERTIFICATION	DISEASES OR ise to the cunderlying Contersignification of the Death Buisease or contersion of the Contest of th	CONDITIONS, IF those cause (A) ONDITION lost, II NI CONDITION COUT NOT RELATED TO DITION GIVEN IN PA ERATION 198. COT WAS UNDERLYING	Eny, giving stating the stating the DNTRIBUTING THE TERMINAL RT 1 (A). DOTTON FOR VETORMED 218. hom etc	PLACE OF INJURY e, form, factory, st	20A-AUTOPS NO Te.g., in or obout 21 C. W eet, office bidg., INJURY	TE (Yes or Not) 20B. IF YES, IN CERTIFY!		
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MEDICAL CERTIFICATION	DISEASES OR ise to the cunderlying Contenting Content of the DEATH BUSEASE OR COMPANDATE OF OPERATE OF THE CONTENT OF THE CONT	CONDITIONS, If the	eny, giving stating the stating the Terminal RT 1 (A). NOTION FOR VIPORMED (House 21E, Whi Weit) attended the ed alive on	PLACE OF INJURY e, form, factory, at INJURY OCCURRING INITIAL No. A The deceased from	20A-AUTOPS NO Pla.g., in or obout 21 C. W eet office bidg. NNUEX D	TR (Yes or No) 20B. IF YES, IN CERTIFY! HERE DID (If In OCCUR? 19 / 10 and that In (my) (ofter death.	Baltimore City, give exocuted and second printer death occurs of the second party of the second printer and	1 locotion) 19 7
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MEDICAL CERTIFICATION 51 51 51 51 51 51 51 51 51 51 51 51 51	DISEASES OR ise to the country of the regular of the death busease or coning and the contribution of the c	CONDITIONS, If above cause (A) ONDITION lost. II NT CONDITION S COUT NOT RELATED TO DITION GIVEN IN PA ERATION 19% COU WAS PEI WAS UNDERLYING GAUSE OF dical examined with the couses stored to the couse stored to	eny, giving stating the stating the DNTRIBUTING THE TERMINAL RT I (A). NOTION FOR WORKED LIDER WITH WORKED LIDER STATE OF THE CONTROL OF THE	PLACE OF INJURY e, farm, factory, st INJURY OCCURRI like AI No. AI the deceased from	20A. AUTOPS NO le.g., in or obout 21C. Weet office bidg. INJURY 10 21f. HX Work 19 7 2 not) view the body of the bidge of the bidg	TE (Yes or Not) 20B. IF YES IN CERTIFY! HERE DID (If in OCCUR? 19 / 10 and that in (my) (of the deaths) ed. Staff Phys. 2 24D. LOCATION New Port New Country of the Co	Baltimore City, give exocution of the control of th	I locotion) 19-7 curred on the a Balto. (State

4c. should be columbia, Md.

IMPORTANT FUNERAL DIRECTOR:

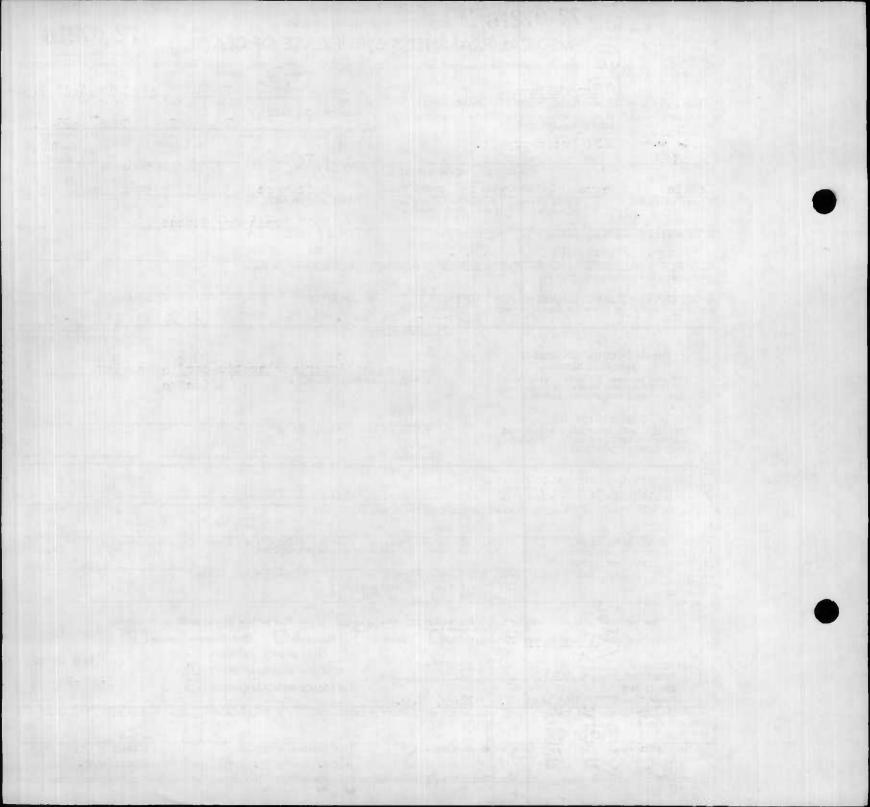
CERTIFICATE OF DEATH Such and (5) Deceased death BIRTH NO. DATE AND HOUR OF DEATH 1. NAME OF DECEASED 0 hospital death. of 3. PLACE IN SALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance B. COUNTY cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) COMICO cause; 0 CHY OR TOWN O = prior contributing STREET AND NUMBER occurred Undetermined regular made 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In yoots deceased MARRIED NEVER MARRIED WIDOWED DIVORCED 12 2 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) sposition Ξ 0 M ds the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME direct 4 S.T. Davis Mamie Scott assistant eath uo O kind; 15. Was Decaused Ever in U. S. Anned Forces? (Yos, go ar unknown) (If yes, give wor or dates of sorvice) 6. SOCIAL 17. INFORMANT final SECURITY NO. attendance Mrs. Mamie Scott Davis ਰ any pronounced 0 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY of embaimed LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE heart foilure, osthenio, etc. Il meons the disease. regular injury or complication which caused deoth.) who ANTECEDENT CAUSES DUE 19 OR AS A CONSEQUENCE OF: 4 are DISEASES OR CONDITIONS, if any, giving ල lo the obove cause (A) sloting the 2 physician the remains UNDERLYING CONDITION last. Was П ERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL No physician DISEASE OR CONDITION GIVEN IN PART 1 (A). (2) Body 194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED CONTINUED the 20A. AUTOPSY? (Yes or No) 8 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF before where 21B. PLACE OF INJURY (e.g., In or obout 21C, WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? to the hospital MEDICAL DEATH (notily medical examined any nature; obtained 9 21 D. TIME OF INJURY (Month) (Day) (Year) (Hous) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (except While At Not While (APPROX.) and At Work 22. I certify that (I)-(this hospital) attended the deceased from pe that (1) (we) tost sow the deceased alive on ofo hospital death) and hour and from the couses stated above. (1) (414) (did) (did not) view the body after death. ly was released (1) An accident o must 23A. SIGNATURE Attending | 0 Staff approval Phys. Director Phys. 8 23C. PHYSICIAN'S NAME (Typo) prior 23D. ADD DRESS at D.O.A. DEGREE 24A. BURIAL CREMATION, REMOVAL (Specify) eceased 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY the body 24D. LOCATION decease shows: Burial 7/31/72 Wildwood Memorial Park Mas 2SA. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 97 Mrs. Mary E. Law

BALTIMORE CITY HEALTH DEPARTMENT 4. USUAL RESIDENCE (Where deceased lived. Il institution: residence belo D. INSIDE CITY LIMITS? YES L NO Il Under 1 Yr. If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? 1212 Mornanteside Dr. Wahalla, S. Carolina APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (II In Boltimore City, give exact location) and that in (my) (our) opinion death occurred on the date City, town, or county Seneca, South Carolina ADDRESS 802 Madison Ave. VS 150-REV. 1/1/68

N. C. Tropes Street arrender to To be thoughten 1778 Thought the consist 7:22

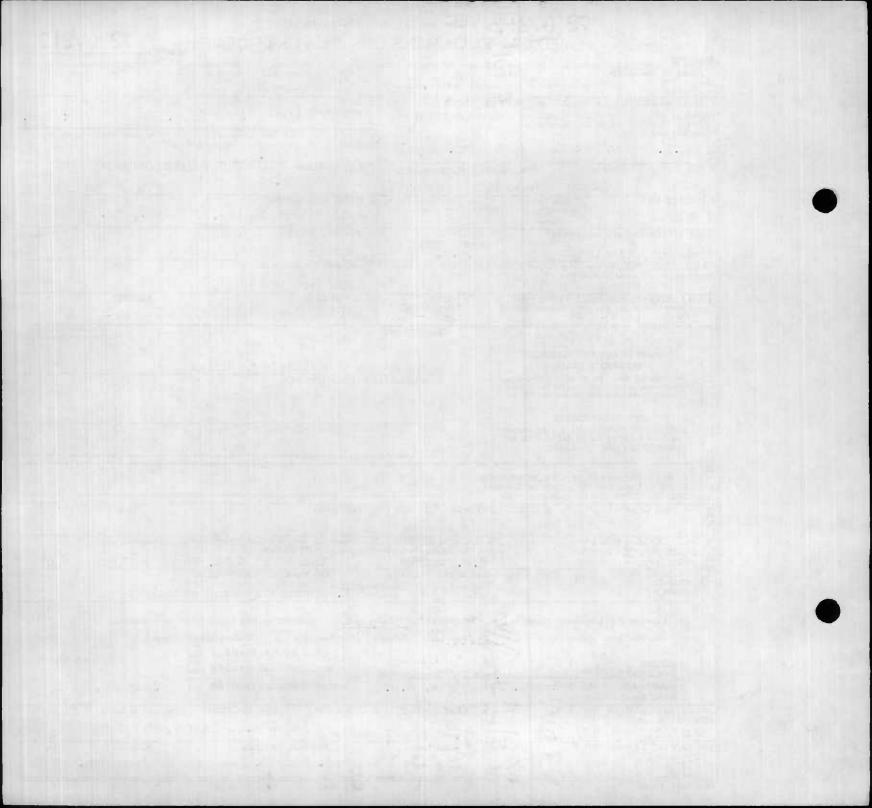
72 07216 STATE OF MARYLAND-DHAH
BALTIMORE CITY HEALTH DEPARTMENT 72 07216 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO BIRTH NO 1. NAME OF DECEASED Known X 2. DATE Month Year Hour (Type or Print) OF Mary Wilson Estimoted 27 72 4:55 P. M. DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy Yeor Hour PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET 4:55 P. ADDRESS OR LOCATION OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived, if Institution: residence before admission) 2832 Pressbury St. A. STATE B. COUNTY Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS? 6. SEX 7. RACE 8. MARRIED NEVER MARRIED YES X FeMale WIDOWED DIVORCED Baltimore NO L Negro 10. AGE (In years lost birthday) 9. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER Months , Doys , Hours , Min. 6/18/9874 2832 Presabury Street 11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME U WHAT COUNTRY? Norfolk, Virginia UNKNOWN 14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired) IB. INFORMANT 17. SOCIAL SECURITY NO. 226-70-2219 ADDRESS Mrs. Millie BERGANS 2832 Presbury St. no CAUSE OF DEATH 19. DISEASE OR CONDITION DIRECTLY (A)IMMEDIATE CAUSE Arteriosclerotic cardiovascular LEADING TO DEATH (This does not mean the mode of dying, e.g., heart follure, asthenia, etc. it means the disease, injury or complication which coused death.) DUE TO, OR AS A CONSEQUENCE OF: disease **ANTECEDENT CAUSES** (8) DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(If yes, give wor or dotes of service) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CERTIFICATION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) No 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., In or obout) 22C. WHERE DID (II in Baltimore City, give exact location) home, form, foctory, street, office bidg., etc.) INJURY OCCUR? UNDERLYING TOR CONTRIB-UTING CAUSE OF DEATH 22D. TIME (Month) (Doy)
OF INJURY 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? (Year) (Hour) WHILE AT NOT WHILE (APPROX.) WORK AT WORK 23. I certify that I held on Inquiry Inspection X Autopsy and that on this basis, death in my opinion resulted from: Natural causes X Accident Sulcide -Homicide Undetermined manner CHIEF MEDICAL EXAMINER ullay DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE 7-28-72 **EXAMINER'S** ASSOCIATE MEDICAL EXAMINER NAME (Type) William P. Mulloy, M.D. 24A, BURIAL CREMATION. 248. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Burial 8/1/72 Calvary Cemetery Norfolk, Virginia 25A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAD 25C. FUNERAL DIRECTOR ADDRESS 802 Madison Ave. Mrs. Mary E. Law VS 151-REV. 1/1/68



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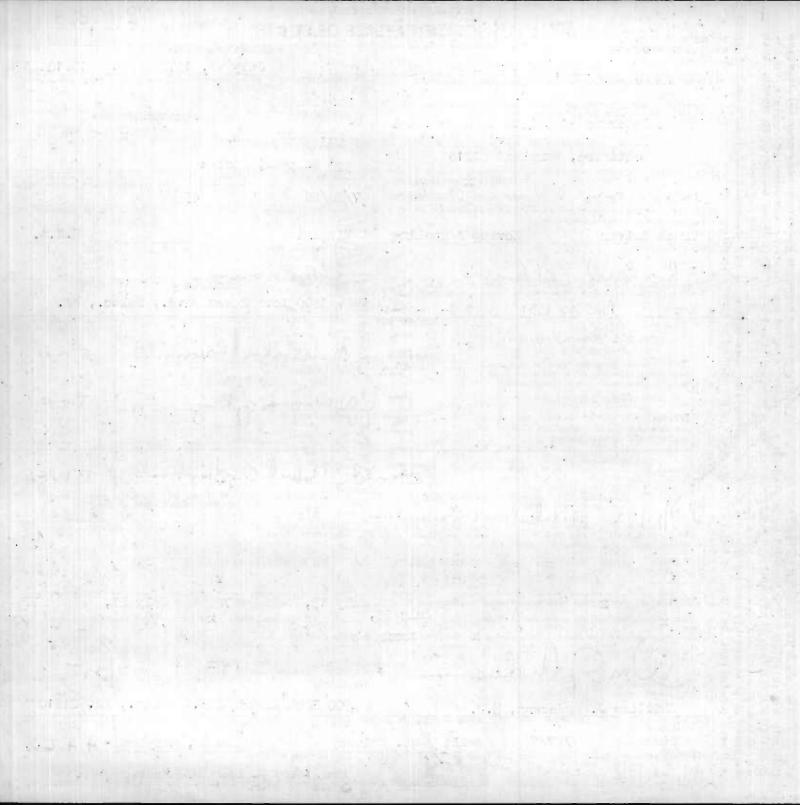
T.300	j	72 0	7217	BALTIMORE CITY H	CENTIFICATE OF DEATH 179 (17917
BIRTH NO.		MEL	ICAL	EXAMINER 5	CERTIFICATE OF DEATH REG. NO. 72 07217
I. NAME OF DE	CEASED	ARTHUR	FLET	CHER TATE, III	2. DATE Known Month Doy Year Hour OF DEATH Estimated
4. PLACE IN BA				ONOUNCED DEAD	3. DATE Month Day Year Hour
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NO	T IN HOSPITA	AL OR INST	ITUTION, GIVE STREET	PRONOUNCED DEAD June 29, 1972 11:50 I
R.R.	tunnel	at Cat	hedra	l & Mt. Royal	A. STATE ? Md. B. COUNTY /5//
6. SEX	7. RACE		8. MARR	ED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male	Ne	gro	WIDOW	ED DIVORCED	Balto. YES NO
9. DATE OF BIR	TH	10. AGE (I	n yeors y)	If Under 1 Yr. II Under 24 Hrs Months Days Hours Min	3414 Dolefield Ave., Balto., Md.
11. BIRTHPLACE	State or foreign	on country)		12. CITIZEN OF	13. FATHER'S NAME
Richmond,	Virgin	nia		WHAT COUNTRY?	Arthur Tate Jr.
14A.USUAL OCCI	JPATION (GI	re kind of work	148. KIND	OF BUSINESS OR INDUST	15. MOTHER'S MAIDEN NAME
					Emma Nunnally
16. WAS DECEAS (Yes, no or unknown VES	SED EVER IN	U.S. ARMEI	of service	7 17. SOCIAL SECURITY NO. 223-70-4535	Charles Tate 3414 Dolefield Ave.
ah.	Viet I	vam			
19.	205	2		CAUSE OF DE	RETWEEN ONSET AND D
DISEA	SE OR COND		CTLY		W-144-1- 4-4
(This does	LEADING TO	mode of de	lng, e.g.,	(A) IMMEDIATE	CAUSE Multiple injuries AS A CONSEQUENCE OF:
heart loilur	e, asthenia, etc mplication whi	. Il means the	disease,	505 (0, 0.	
	AMECEDEAN	CALIFEE			
	OR CONDITI HE ABOVE CA		Y, GIVING	(8) DUE TO, O	AS A CONSEQUENCE OF:
I IINDERIV	HE ABOVE CA	iuse (a) sta Ion last.	TING THE	(0)	
<u>S</u>		11		(c)	
U TO THE DE	NIFICANT CO EATH BUT NO R CONDITION	NDITIONS C	THE TERM	ING INAL	
20A. DATE C				FOR WHICH OPERATION V	VAS PERFORMED 21. AUTOPSY? (Yes or No
Ö					Yes
	RNAL CAUSE			228. PLACE OF INJURY(e.g	, in or obout 22C. WHERE DID (it in Baltimore City, give exact location) ice bidg., etc.) INJURY OCCUR?
B UTING □ C	AUSE OF DE			R.R. tracks	Cathedral & Mt. Royal railroad tracks
≥ 22D. TIME OF INJURY		Doy) (Yea	r) (Hou) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
(APPROX.)	?			m. WHILE AT NO	TWHILE X. Apparently accidentally run over by
23.	attu ahaa 1 k	ald an I	I [7 Incomplete [7] A	utopsy and that on this basis, death in my opinion
11 1	Ited from: 1			Print Print	de Homicide Undetermined manner
resu	Itea from: I		120	Accident LA Suic	CHIEF MEDICAL EXAMINER
ACTUA		alls	10	Januart.	ASSISTANT MEDICAL EXAMINER
SIGNA	VER'S	Charle	s S.	pringate, M.D.	D. ====================================
24A. BURIAL CRI	EMATION,	248. DATE		24C. NAME of CEMETER	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
REMOVAL (Spe Burial	cify)	7/28/7	2	M+ Color	A.A. County, Maryland
25A. DATE REC'I	D BY HEALTH			Mt. Calvary AME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
1111 9	1 1079	4:	1 111	In the Know	Mrs. Mary E. Law 802 Madison Ave.
JULO	A 17/	10/0	1	by and have	



FUNERAL DIRECTOR: IMPORTANT

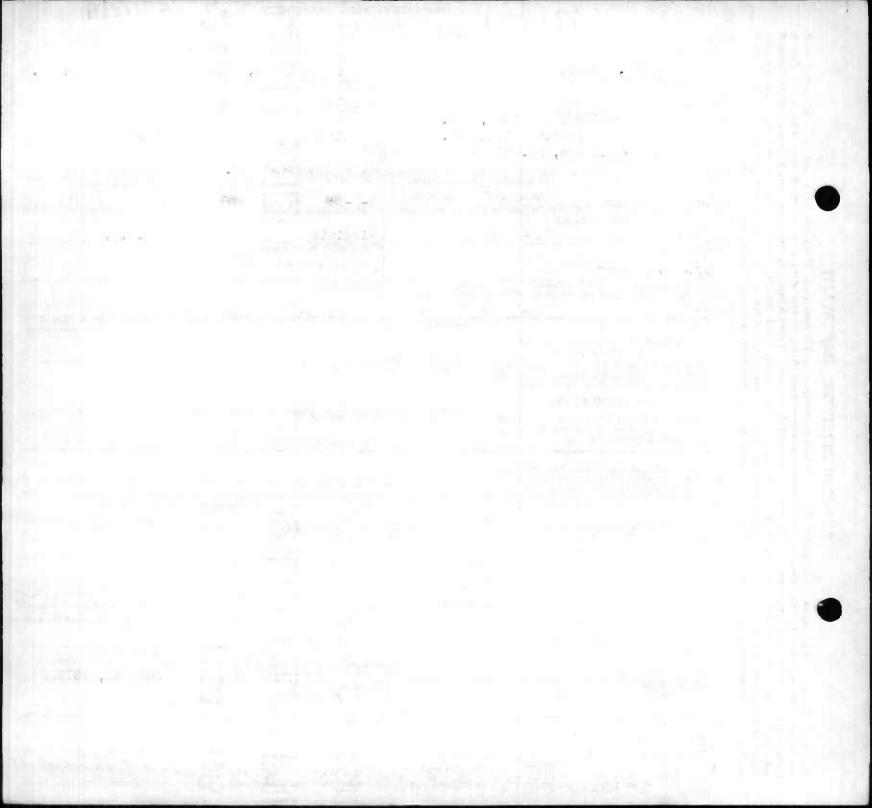
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and S di di

1 110	BALTIMORE CITY	HEALTH DEPARTMENT		72 07218
H-450 72 07218	CERTIFICA	TE OF DEATH	KEG. 140	MARYLAND=DHMH
NAME OF DECEASED		2, DATE AL	ND HOUR OF DEATH	nia-
ALTEN Walter Elles			ly 23, 1972	12:10 A M.
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED	DEAD	4. USUAL RESIDENCE (Whe		stitution: residence before padmission)
THE NAME OF THE NOT IN HOSPITAL OR INSTITUTION	CIVE STREET	Maryland		17/32
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, ADDRESS OR LOCATION)	0172 318221	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
Visitution Veterans Administration Ho	ospital	Baltimore		YES NO
3900 Loch Raven Blvd		E. STREET AND NUMBER		
Baltimore, Maryland 21218		520 Dolphin,	Street	
SEX 6. RACE 7. MARRIED X NE	VER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
	DIVORCED	7/28/26	lost birthdoy)	Months Doys Hours Min.
MALE Negro WIDOWED DA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSIN		1/	eign country)	12. CITIZEN OF WHAT COUNTRY?
one during most of working life, even if retired)				
Truck driver Moving & 1	nauling	Virginia		U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
P: 1410 /100		11.10.		
	CIAL	17. INFORMANT	Records	ADDRESS
	CURITY NO.	/AH, 3900 Loch	Roven Blad	Balto. Md.
1313 00 132	-22-00-40		recording Darvary	
18. / 6 2 / 1	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		4. 1 0 0	A .	
LEADING TO DEATH	(A) IMMEDIATE CAU		· lacinin	- The
(This does not mean the mode of dying, e.g., heart loilure, osthenio, etc. It means the disease,	DUE TO, OR AS	CONSEQUENCE OF:		
injury or complication which caused death.)				
ANTECEDENT CAUSES	400	ancinina	4	The
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the above cause (A) stoting the				
UNDERLYING CONDITION last.	(c)			
		_ ^	1 0	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	5 0	a Relief	motheration	- it wiles
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	ona) 148/01-Cx C	7777100011-	1100.72
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH	OPERATION	20A. AUTOPSY? (Yes or N	o) 20B, IF YES, WERE F	INDINGS CONSIDERED
7 19172 WAS PERFORMED	antonuction	No	IN CERTIFIED CAL	JSES OF BEATH:
21A. ACCIDENT WAS UNDERLYING 21B. PLACE	E OF INJURY (e.g., is	or about 21C. WHERE DID	(If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF home, torm	n, toctory, street, of	fice bldg., INJURY OCCUR?		
	RY OCCURRED	21 F. HOW DID IN	IIIBY OCCIIB?	
S OF INJURY			JOKI OCCOR:	
(APPROX.)	At Work			
22. I certify that (t) (this hospital) attended the dec	eased from	Tuly 13.	19 72 to Ju	ly 23, 19.72
that (1) (we) lost saw the deceased alive on	T117 17 07	19 72 and t	hot in (mix) (our) only	nion deoth occurred on the date
45				non goon occorred on the gold
ond hour and from the couses stoted obove. (1) (We)	(did) (did) (bib)	iew the body after deoth.		Tana Basil nightis
23A. SIGNATURE				23B, DATE SIGNED
I m I maleson	Phys	nding Med.	Staff Phys.	7/25
23C. PHYSICIAN'S	DEGREE	23D. ADDRESS		1
NAME (Type)		3000 Tooh Rosso	n RI vd Bel	to., Md. 21218
William J. Anderson, M.D.	DEGREE			
4A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of	CEMETERY OF CRE	MATORY 24D.	LOCATION (Cit	ly, town, or county) (State)
Burial 7/27/72 XXXX	Mt. Cal	lvary Ba	ltimore, Mary	yland - A.A.C.D.
SA. DATE REC'D BY HEALTH SERT. 258. NAME OF REG		25C. FUNERAL DIRECTO		ADDRESS
IUI 31 1972 Trong Myny	3	Mrs. Mary E.	Law 802 Mag	dison Ave.
'S 150-REV. 1/1/68	- ()	5 2 1 5		

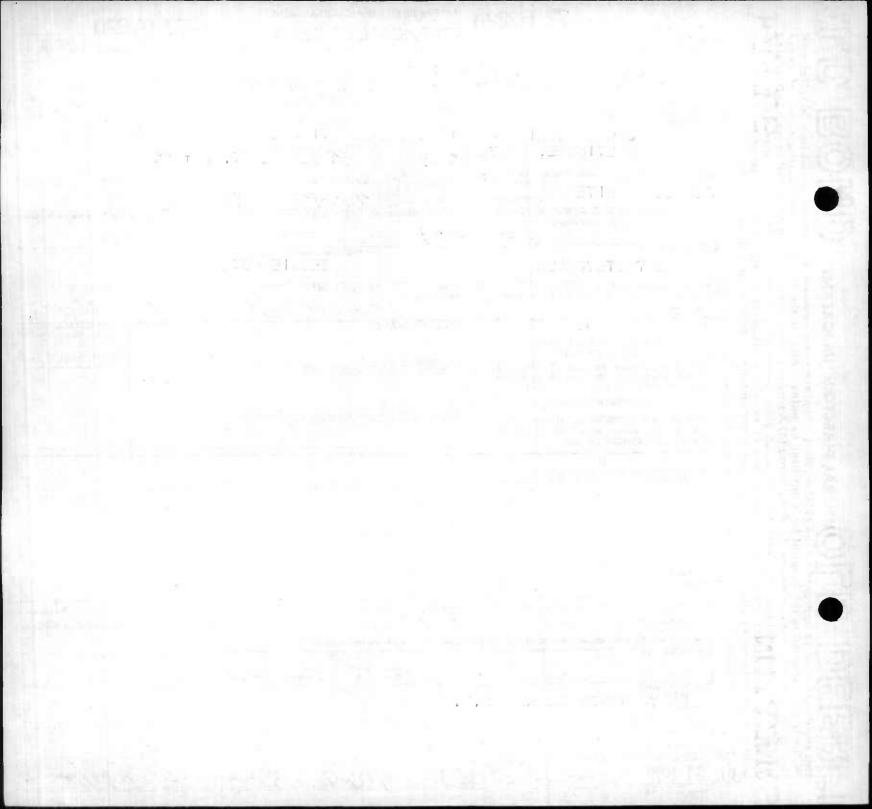


This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

(1100	מיים חיים	BALTIMORE CIT	Y HEALTH DEPARTMENT		12 07219
6-400	72 072	19 CERTIFICA	TE OF DEATH	REG. NO.	A WAR HADOL TON DENERS
BIRTH NO.		OEK(III 10)		AND HOUR OF DEAT	18 - 21
(Type or Print)	m 1				
Ewell	Edward WHERE PRO	NOUNCED DEAD	July	26 1972	institution: residence before admission
W TENGE IN SHEIMING IN	THE PARTY OF THE PARTY OF THE	DITO SITULD BLAD	A. STATE B. COL	YNTY	16 03
FULL NAME OF OF HOSPITAL OR ADD	OT IN HOSPITAL OR IN	ISTITUTION, GIVE STREET	Maryland		1000
	vident Hospi		C. CITY OR TOWN	D. 1N	ISIDE CITY LIMITS?
	O Liberty He		E STREET AND NUMBER		YES NO
39 Bal	timore, Md.	21215			
5. SEX 6. RACE			8 DATE OF BIRTH	n Ave	If Under 1 Ys, If Under 24 His.
		MED NEVER MARRIED		lost birthday)	Months Days Haurs Min.
Male Negr	WIDON	VED DIVORCED	6-1-89	83	12, CITIZEN OF WHAT COUNTRY?
dane during most of working life,	even if refired)		110 BINITITE OF INDIA OF IC	oreign country!	12 CHIZEN OF WHA! COUNTRIF
daounon	n.	R.	Virginia		U.S.A.
13. FATHER'S NAME			14 MOTHER'S MAIDEN N	AME	
Von 12 mm			ammun		
15. Was Deceased Ever in U. (Yes, no or unknown! (If yes, gi		16. SOCIAL	17. INFORMANT		ADDRESS
(Tes, no of unknown) lif yes, gi	ve wat or dates of serv	security No.			
	Fi.	CAUSE OF DEAT	Fannie Wilson	(DAUGHTER)	SAME ASAPPROXIE INTERVAL
18. 4/01	1	CAUSE OF DEA	in .	1 - 37 - 12	BETWEEN ONSET AND DEATH
	NDITION DIRECTLY		11.1.	1. 0 . 1	6
		(A) IMMEDIATE CA	A CONSEQUENCE OF:	1 ac IMIA	ast 100
(This does not mean heart failure, asthenia, injury or complication	etc. It means the disc	qse,			
	ENT CAUSES	8000	(Consumer	in aul/1.	
		(B) (DUE 10 OP A)	S A CONSEQUENCE OF	manga l	elucy.
DISEASES OR COND		THE THE THE	1.4	destin	
UNDERLYING CONDIT	10N lock	(c)) (M)	a oremy	anajio	{^
-	11				
OTHER SIGNIFICANT COL	PELATED TO THE TERMI	NG VAL	· ·		
DISEASE OR CONDITION	GIVEN IN PART 1 (A).		120A AHPOROVE/Voc. or	Nall 200 to vee wee	E EINDINGS CONSIDERED
OTHER SIGNIFICANT COI FO THE DEATH BUT NOT DISEASE OR CONDITION 19A-DATE OF OPERATIO	WAS PERFORMED	OK WHICH OPEKATION	SAW WOID IS CLAR OF	IN CERTIFYING	E FINDINGS CONSIDERED CAUSES OF DEATH?
U 21A ACCIDENT WAS II	ND CRIVING C	218. PLACE OF INJURY (e.g.,	No where DID	III le Relue	nore City, give exact location)
OR CONTRIBUTING C	AUSE OF	home, form, factory, street, etc.)	office bidg. INJURY OCCUR?	lii in builin	note City, give exoct locollon,
DEATH (notify medical ex	kamined				
DEATH (notify medical expension) 21D. TIME (Month) OF INJURY	(Doy) (Year) (Hour	21E INJURY OCCURRED	21F, HOW DID I	MURT OCCUR	
(APPROX)		White At Not White Work At Work			
22. I certify that (1) (this hospital) attend	ed the deceased from	7/24	19 72 to	7/26 1922
that (1) (we) lost sow			19 72 and		pinian death occurred on the date
		re. (I) (We) (did) (did not)		•	
23A. SIGNATURE	Causes stated anot	es (1) (ne) (ala) (ala nos)	view the body after deoil	The .	238, DATE SIGNED
/di	4	AH AH	lending Med. Director	Staff Phys.	
23C-PHYSICIAN'S	rudden,	M, D. DEGREE Ph	23D. ADDRESS	Phys. 54	July 26, 1972
NAME (Type)	11 Brace	2 Am (1 A		Lac Hac	PITAL
	H. BENG	DEGREE	PROVIDE.		
24A. BURIAL CREMATION, BENOVAL (Specily)	248. DATE 24	C. NAME OF CEMETERY OF CI	REMATORY 24D.		(City, town, or county) (State)
Bunine	7/27/12	WA KAGO	1	7 42	nD
25A. DATE NEGO BY HEAL	H PEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECT	3 n	350 grann 17
भाग इस यह	75 /	19 36 8	you was the	Witness 6	A must a so
VS 150-REV. 1/1/68	116 / 1/1	77			
	/	/			



الثينا	1-525 72 07220 BALTIMORE CITY HEALTH DEPAR	TMENT PIO CIPOCO
2002	BIRTH NO. CERTIFICATE OF DE	ATH REG. NO. 2 07220
an ase ase th th	DIGITI NO.	STATE OF MARYLAND-DHAM
# D 0 C .	Johnson a Mary 5.	7/29/72 E 1 19-P.M.
44 0	3. PLACE IN BALTIMORE, MARYLAND, WHERE RONOUNCED DEAD A. STATE MARYLA	B COUNTY
d 8 (5)	HOSPITAL OR ADDRESS OR LOCATION)	1/00
in a family cause; attend	JOHNS HOPKINS HOSPITAL BALTIN	
att ior	BALTIMORE, MARYLAND	
7		
occurre ontribut regular assed p	MARRIED NEVER MARRIED 8. DATE OF BIRTH	lost bithdoy Months! Doys Hours Min.
re- re- re- re- re- re- re- re- re- re-	WIDOWED DIVORCED 10/18/1	tate or foreign country) 12, CITIZEN OF WHAT COUNTRY?
det det	[UNIANI. USA
dea Und as i	13. FATHER'S NAME	
# + × + × + ×		SIE POTLOW
itant ind; eath	115. Wet Decembed Ever in U. S. Armed Forces? 16. SOCIAL	ADDRESS
ssist the the de de fina		5. Stevenson MEN MUVATE
5 4 50 D		APPROXIMATE INTERVAL
E 0 - E 0 7	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
0 - 5 - 0 -	[A] MMEDIATE CAUSE TO A CONCESSION OF A CONCES	failure acute = 24 hours
pro lar	heart failure, asthenia, etc. 11 means the disease, injury or complication which caused death.)	hyperkalemia
franin	ANTECEDENT CAUSES (B) Massive info	ection uncertain
A Whw	DISEASES OR CONDITIONS, if any, giving nise to the above cause (A) stating the	OF:
a S E E	UNDERLYING CONDITION last. (C)	
edical burns; hysicic n was		
todder 5	2 E TO THE DEATH BUT NOT RELATED TO THE TERMINAL	ma venerum 25 years
9 - 6 . O. E		(Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
by a by a 2) Bo re th physi	• 126 12 massive pelvic intection NC	IN CERTIFYING CAUSES OF DEATH?
#= - 0 0	OR CONTRIBUTING TO CAUSE OF	RE DID (If In Boltimore City, give exect location)
wh. Wh.		
hos natune ept d (6)	While At Not While	V DID INJURY OCCUR?
he hory nat y nat xcept and (6	22. I certify that (I) (this hospital) attended the deceased from	17219 10 7/20 10 79
0 10	7/04	and that In(my) (our) opinion death occurred on the date
0 0 5 4	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	or deoth.
dent dent dent dent must	E 23AJSIGNATURE	23R DATE SIGNED
E + 0 0 0 0 0 0	The Direction of the Di	tor Phys. 9 7/29/72
was r was r A at prior	23C. PHYSICIAN'S LONNYPH GARTH CLOSE M.D. 23D. ADDRESS	Il-ali II Da Ma
4 04 4	24A. BURIAL CREMATION, 24B. DATE 124C. NAME OF CEMETERY OF CREMATORY	MOPRINS HOSP- Balty Mid.
φ	E REMOVAL (Specify)	24D. LOCATION (City, lown, or county) 1Stote)
This certi the body shows: (1 was D.O. deceased	25A. DATE REC'D BY HEALTH PEPT. 258, NAME OF REGISTRAR 250, FUNERAL	1045
the show	JUL 31 1972 Thedrey whother 0 1 Arende	with the age of supply of the
	VS 150-REV. 1/1/68	



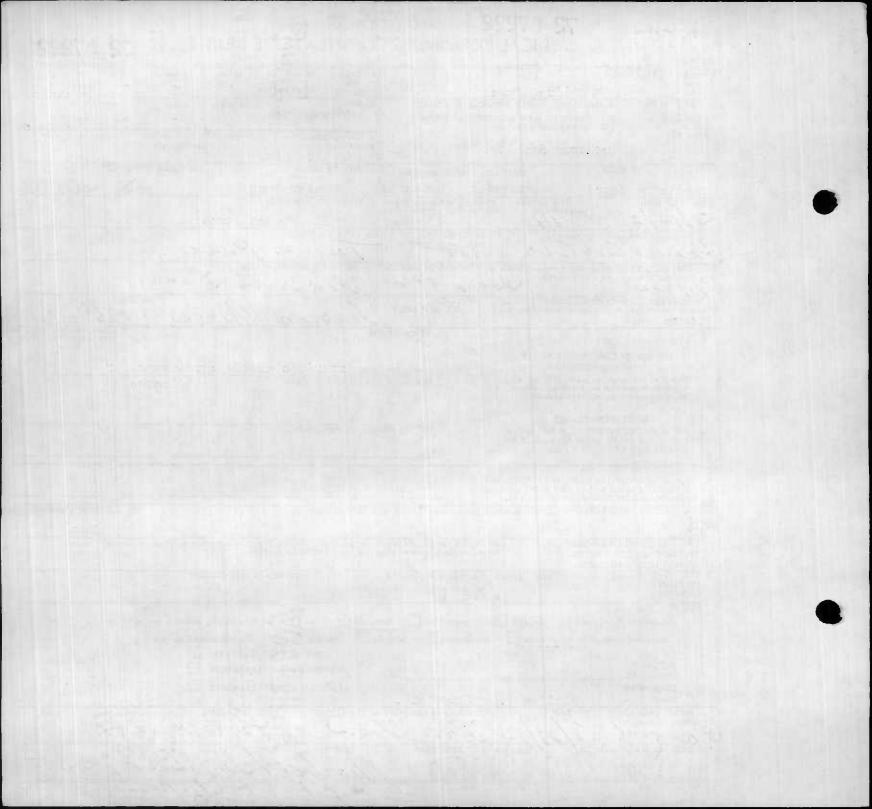
6.	SEX	/. RACE	8. MARRIED	NEVER MARRIED	C. CITY OR TOW	/N	D. INSIDE CITY	LIMITS?
_	E male	Negro	WIDOWED	DIVORCED -	Ba1	to.	YES	□ NO □
6	DATE OF BIRTH	OO lost birthday	7/ Months	Days Haurs Min.		McCulloh St	reet	
	TRINC	tate or forgign country)	the W	TO COUNTRY?	VOB 6	TAT KA	OCEIG.	H
don	e dusing mastrof w	PATION (Give kind of work or king life, even if refixed)	DA 1	3 mol	1 1	MAIDEN NAME		
		ED EVER IN U.S. ARMED (If yes, give wor ar dates	of service)	7. SOCIAL SECURITY NO.	BAND	F/4. fo		UNE UN
	19.	1.2 v		CAUSE OF DEAT	Н	1		APPROXIMATE INTERV BETWEEN ONSET AND D
	(This does no heart foilure,	E OR CONDITION DIREC LEADING TO DEATH of meon the mode of dy osthenio, etc. It meons the plication which caused dec	ing, e.g.,	(A)IMMEDIATE C		arterioscle sease CE OF:	erotic car	diovascular
20	DISEASES C	ITECEDENT CAUSES OR CONDITIONS, IF ANY ABOVE CAUSE (A) STAT IG CONDITION LAST.	, GIVING TING THE	(B)	AS A CONSEQUEN	ICE OF:		
CERTIFICATION	TO THE DEA	II IFICANT CONDITIONS CO ITH BUT NOT RELATED TO CONDITION GIVEN IN PA	THE TERMINAL					
	20A. DATE OF	OPERATION 208. CON	NDITION FOR W	HICH OPERATION WA	S PERFORMED			21. AUTOPSY? (Yes or No
EDICAL	UNDERLYING	NAL CAUSE WAS OR CONTRIB- USE OF DEATH.	228.PL hame, f	ACE OF INJURY (e.g., orm, factory, street, affice	in or obaut 22C. \ bldg., etc.)	WHERE DID (If in Boltin Y OCCUR?	mare City, give exact	lacation)
Σ	(APPROX.)	Month) (Doy) (Year	, (,		WHILE -	HOW DID INJURY OC	CUR?	
24		RE R'S Peter Li	pkovic, I	Nettly M.D.	e Hamici CHIE ASSISTAN ASSOCIAT	nd that an this basi ide Undeten F MEDICAL EXAMINE IT MEDICAL EXAMINE TE MEDICAL EXAMINE	mined manner RRRXX	DATE SIGNED 7/26/72
RE	MOVAL (Specif	1 2/201	23 7	1	GREMATOR!	n	0	Coloney (Stole)

25C. FUNERAL DIRECTOR

VS 151-REV, 1/1/68

. Ellesting the Co

72 07222 BALTIMORE CITY HE	ALTH DEPARTMENT	
J-520 MEDICAL EXAMINER'S		72 07222
BIRTH NO.	KEG. NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE Known A Month Day	Yeor Hour
Mildred Jones	DEATH Estimated L 7 27	72 do:15 Pm.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day PRONOUNCED DEAD	Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD 7 27	72 10:15 P.M.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If Institution: res	ildence before admission)
Lutheran Hospital	A. STATE B. COUNTY Virginia	V4-3
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY L	IMITS?
	Petersburg YES	No 🗆
P. DATE OF BIRTH 10. AGE (In years W Under 1 Yr. 11 Under 24 Hrs.		J NOL
last birthday), Months, Doys, Hours, Min.		
11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF	536 Mingea Street	
TO CONTRACT INTERVAL		
The state of the s	MEMPE PARKEN	
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR done during most of working lile, even # retired)		
done during most of working lile, even if retired)	VIRGINIA BURNS	
(Yes, no or unknown) (If yes, give war or dates of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDR	ESS
No literature	VERGINIA 181137427 40	5067075150
19 CAUSE OF DEA	TH /	APPROXIMATE INTERVAL
DISCOST AD GOLD PRODUCTIV		SET MICH CINET STATES
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE Arteriosclerotic cardiovascu	1 dr
(This does not mean the made of dying, e.g., DUE TO OR	AS A CONSEQUENCE OF: disease	
heart failure, asthenia, etc. it meons the disease, injury ar complication which caused death.)	discuse	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	AS A CONSEQUENCE OF:	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION (20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED [2]	. AUTOPSY? (Yes or No)
U D		Yes
₹ 22A. EXTERNAL CAUSE WAS 228.PLACE OF INJURY(e.g.,	in or about 22C. WHERE DID (II in Baltimare City, give exact to	
UNDERLYING OR CONTRIB- home, farm, lactory, street, office	e bldg., etc.) INJURY OCCUR?	
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 220. TIME (Month) (Day) (Year) (Hour) 22E, INJURY OCCURRED	22F. HOWDID INJURY OCCUR?	
OF INJURY	WHILE -	
(APPROX.) m. WORK AT V	VORK	
23. I certify that I held an Inquiry Inspection Au	stopsy and that on this basis, death in my opi	
		nion
resulted from: Natural causes 🔀 Accident 🗌 Suici		
ACTUAL 911 PM10011	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE SUF Milloy M.	ASSISTANT MEDICAL EXAMINER	
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	7-28-72
NAME (Type) William P. Mulloy, M.D.		
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 210. LOSATION (City, town, or	county) (State)
8 more 1/2/12 FAST V	1000 TOTERSBURG	DA .
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDR	RESS
III 31 1072 Lifer Mileriton	Markey Reprys 638)	Gelow 50
VS 151-REV. 1/1/68	0 2019 / 11:18	on the day
72	~ 13/and J/H/181	DUSAGE X



	,			BALTIMORE CITY	HEALTH DEPARTME	NT	72 07223
BIRTH	NO. AE OF DECEA	121	7223	CERTIFICA	TE OF DEAT	TH REG. NO.	E MARYLAND-DHMH
	or Print)	JAMES F	RANK WH	ITE	2. 07	July 31, 1972	2:45 mmA
3. PLA	CE IN BALTIA	AORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE		If institution: residence before admiss
FULL HOSPI	NAME OF	(IF NOT IN HOSPITADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	Md.	100	INSIDE CITY LIMITS?
INSTIT	UTION	Health Ser			Baltimo		YES NO
2		LOO Wyman Pa		opa wa	E. STREET AND NUM 2535	BER Loyola South	
, SEX	6.	RACE	7. MARRIED	X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years \	If Under 1 Yr., If Under 24
1	M	Negro	WIDOWED		10/27/10	lost birthdoy)	Months Days Hours Mir
		ATION (Give kind of work	108. KIND O	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote	ar fareign country)	12. CITIZEN OF WHAT COUN
Jone du	Custo	king life, even if retired)			NC		USA
13. FA	THER'S NAME		1		14. MOTHER'S MAIDE	N NAME	
	Alfre	ed White	1 han 2 2 2		Char	lotte Alexand	er
5. Wo	s Deceased Ev	er in U. S. Armed For yes, give wor or date	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
168,110	Yes	USA 1941-		213 -07-6764	Records-	US PHS Hosp	ital, Balto, Md.
18.		XI	-/4/	CAUSE OF DEAT			APPROXIMATE INTERVA
		OR CONDITION DI	RECTLY		Bronchop	noumonio	
I.T		MEADING TO DEATH	duing e.g	(A) IMMEDIATE CAL	JSE	пешкина	Days
he	earl foilure, os	lhenia, elc. 11 meons	the diseose,		A CONSEQUENCE OF:		
in		calian which caused	dealn.)	Saus	mous asll as	mainoma acanh	agus Weeks
D		CONDITIONS, if	any siving	(8)	A CONSEQUENCE OF	rcinoma esoph	agus weeks
ris	se lo lhe	above cause (A)			The solution of the		
υ	NDERLYING	CONDITION last.		(c)			
≓ ITC	THE DEATH	II ANT CONDITIONS CO BUT NOT RELATED TO TO	HE TERMINAL	Left	neck mass		Weeks
Y DI		PERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Ye	or No) 208. IF YES, WE	RE FINDINGS CONSIDERED
ERTIFIC 19	2/	WAS PER	FORMED		yes	IN CERTIFYING	CAUSES OF DEATH?
U 21	R CONTRIBUTI	WAS UNDERLYING CAUSE OF	218 hor	PLACE OF INJURY (e.g., ne, form, factory, street, a	in or about 21 C. WHERE ffice bldg., INJURY OCC	DID (If In Bolti	imore City, give exact location)
0 21		Manth) (Doy) (Year)	(Hour) 21E	. INJURY OCCURRED	21F. HOW D	ID INJURY OCCUR?	
No K	PPROX.)		W	ile At 📄 Not Whi	le 🗂		
1,11			***	AI WORK	July 6	19 72 to Ju	1 v 21
22				he deceased from July 31			
		ist saw the decease					apinian death accurred an the
	A. SIGNATURE	ram the causes star	ted abave.	() (We) (did) sajd/96%	view the bady after d	eath.	23B, DATE SIGNED
23	A. SIGNATORE	117		11 % AM	ending Med.	Stoff Gale	
-	/jya	16.00	elle	M UBEGREE Phy	s. Director	Stoff XX	7/31/72
23	Vija L.	Bauer, Sr.	Surgeo		US PHS	Hospital, Bal	to, Md. 21211
24A. B	URIAL CYEM	ATION, 24B, DAJE	24C. N	AME of CEMETERY of CR	EMATORY	24D. LOCATION	(City, town, ar county) (St
13	MOVAL (Spe	- F 1/ 1h	2 N	& CALUA.	pres	C/EN BU	aNIO MD
10	DATE REC'D B	HEALTH SEPT	258. NAME	OF REGISTRAR	25C. FUNERAL DII	RECTOR	ADD
15A. D		1 1	1 1	K an a K	-	A. 0/	

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ess			and the			
K THE SOLVE						

STATE OF MARYTAND DHAH BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH BIRTH NO. Knawn I. NAME OF DECEASED DATE Month Year Hour (Type or Print) OF 24 72 Estimated | Roma Romy Smith DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE 3 Month Day Year Hour PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET 5:05 FULL NAME OF 24 72 7 ADDRESS OR LOCATION) HOSPITAL OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A STATE B COUNTY 2100 Mt. Royal Terr. Md C. CITY OR TOWN 7. RACE D. INSIDE CITY LIMITS? 6. SEX B. MARRIED NEVER MARRIED Naltimore male Negro WIDOWED DIVORCED YES T No [E. STREET AND NUMBER 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. lost birthdoy) Months Doys Hours Min. 61 2100 Mt. Royal Terr. 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF 13 FATHER'S NAME WHAT COUNTRY? 14A. USLIAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY) 15. MOTHER'S MAIDEN NAME done doring most of working lile, even il retired) ABERATU 16. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give wor or dotes of service) SOCIAL SECURITY NO. 21 N FREMONT CAUSE OF DEATH BETWEEN ONSET AND DEATH Stab wounds of chest DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dylng, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart lailure, asthenia, etc. It means the disease, injury or complication which coused death.) **ANTECEDENT CAUSES** (B)_______DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c)_ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) CERTI 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) yes **₹** 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., in or obout home, lorm, foctory, street, ollice bldg., etc.) INJURY OCCUR?

HOME
22C. WHERE DID (II in Boltimore City, give exact location)
ROYAL Terr. UNDERLYING TOR CONTRIB UTING CAUSE OF DEATH. HOME 22D. TIME (Month) 22E, INJURY OCCURRED 22F. HOW DID INJURY OCCUR? (Doy) (Yeor) (Hour) NOT WHILE OF INJURY 24 72 Subject stabbed by unknown assailant. unk WHILE AT (APPROX.) m. WORK 23. I certify that I held an Inquiry AutopsyXX Inspection and that on this basis, death in my opinion Suicide Hamicide XX resulted from: Notural causes Accident Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE. 7/25/72 Peter Lipkovic, M.D. ASSOCIATE MEDICAL EXAMINER **EXAMINER'S** NAME (Type) 24C. NAME of CEMETERY or CREMATORY 24A. BURIAL CREMATION, 24B. DATE 24D, LOCATION (City, town, or county) (Stote) REMOVAL (Specify)

25A. DATE REC'D BY HEALTH DEPT. 1.25B. NAME OF REGISTRAR

JUL 31 1972

VS 151-REV. 1/1/6B

25C. FUNERAL DIRECTOR

ADDR

25C. FUNERAL DIRECTOR



Mt Calvary Cemetery

25C. FUNERAL DIRECTOR

Anne Arundel Cty.,

ADDRESS

JUL 31 1912 Wm C March 928 E North Arvs 151-Rev. 1/1/68

258 NAME OF REGISTRAR

7-29-72

REMOVAL (Specify)

Burial

25A. DATE REC'D BY HEALTH DEPT.

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Libert Will of Life Fresh	the state of			

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VI.	127		70 0	20000	BALTIMORE CIT	Y HEALTH DEPART	MENT		יים פלי	226
BIRT	-600 H NO.		12 U	7226	CERTIFICA	TE OF DEA	HTA	REG. NO	OF MARYLAI	ND-DHMH
1. NA	AME OF DEC	MARTH	т МА т	ILDA A	GNES	2.		D HOUR OF DEATH		50 P.
3. PI	LACE IN BAL		-	HERE PRONOL			VCE (When	Y 30, 197		
FLII	I NAME OF	(IF NOT	IN HOSPITA	AL OR INSTITU	THON CIVE STREET	MARYLA	B. COUN		I MOR E	21227
HOS	L NAME OF				TION, GIVE STREET	C. CITY OR TOWN			SIDE CITY LIMITS?	
-6	ST AG	NES HO	SPITA	7 F	- C	BALT I M			YES	NXX
	WILKE		MARY	A VE NUE	21229			S FERRY R	D. 4	300
5. SE		6. RACE			NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthday)	T 16 11. 1. 3 W.	If Under 24 H Hours Min.
	EMALE			WIDOWED	A-1	12 13 98	3	73		
done	during most of	vorking life, eve		10B. KINO OF	BUSINESS OR INDUSTR	MARYLAN		gn country)		WHAT COUNT
	OUSEWI					14. MOTHER'S MA		AE	0, 3	
	RNEST		-		Name of	JULIA	IDEN NA/	VIL		
15. W	os Decessed	Ever in U. S.	Armed Fore	es?	1 6. SOCIAL	17. INFORMANT	ITIM	ORE, MD.	2122QADDR	RESS
	O or unknown	ur yes, give	wor or dole:	s of service)	215 031.868	ST AGNES	REC	ORDS-CATO	N & WILL	KENS AVE
- 1	1B. 49:	3,2,1			CAUSE OF DEA	н				OXIMATE INTERVAL
	DISEAS	E OR COND		ECTLY				1 11		
	IThin door w	LEADING TO		duine a c	(A) IMMEDIATE CA	USE Cardio	pen	ic sonoc	<u> </u>	
	(This does n heart failure,	asthenia, elc	. II means	the diseose,	DUE TO, OR AS	USE Cardos A CONSEQUENCE OF	·			
	injuly or cam			death.)						
	1	ANTECEDENT	CAUSES		(B) art	on's scless	かく	Condio va	-color a	naena
	DISEASES C						A .			
	UNDERLYIN			Sidning Into	(c) R-	nal ;	par,	lure		
		- 11						Telefolia de la compansión de la compans		
	OTHER SIGNIF									
4	DISEASE OR C	ONDITION GI	VEN IN PART	[] (A).	WHICH OPERATION	20A. AUTOPSY?	(Yes or No	208. IF YES WEDE	FINDINGS CONS	IDERED
ERTIFIC	O OF	J. EVALION	WAS PERF		on orenation	NO		IN CERTIFYING CA	USES OF DEATH	?
CE	21A. ACCIDEN	TING CALL	ERLYING	21 B,	PLACE OF INJURY (e.g.,	in or obout 21 C. WHE	RE DID	(If in Boltimo	re City, give exoct	location)
CAL	DEATH (notify	medicol exom	iner)	etc.)		- Indiana	300 N.			
IJJ /	21 D. TIME OF INJURY	(Month) (Do	y) (Yeor)		INJURY OCCURRED		DID INJ	URY OCCUR?		
	(APPROX.)			Whi	le At Not Wh	le 🔲				
1	22. I certify	that () (this	s hospital) ottended th	e deceased from	JULY 24,	1	19 72 ta JUI	Y 30,	19.72
					JULY 30,					urred on the c
	7				(We) (did) (XXXXX					
	3A. SIGNATU						- J. E.	1.1	23B, DATE SIGN	VED /
	2	9	Kolen	ran	M. P. Att	ending Med.	tor 🗆	S taff Phys.	7/5	0/12
1	23C. PHYSICIA	N'S	0		DEGREE	23D. ADDRESS BA	LTIM	ORE, MARY	LAND 21	1229
			J HEN	ZAN, M.	.D.	ST AGNES	HOSP	ITAL-WILK	ENS & CA	TON AVE
24A.	BURIAL CREA	MATION, 24B	DATE	24C. NA	ME of CEMETERY OF CI	EMATORY			City, town, or coun	ty) (Stote)
F	REMOVAL (S	8	3/3/72	Lou	don Park Cem	etery	Bal	timore, Mar	yland	
25A.	DATE REC'D	BY HEALTH	DEPT.	25B. NAME O	F-REGISTRAR	25C. FUNERAL				OORESS
A	UG1	1972 7	Treday	yma	non	Witzke,	163	O Edmondson	Avenue	21228
4	60 DEV 1/1/4	R		1	** ***	U 6-10 44				

PORTE, METERS, MITERS THE STATE OF THE S . OF WHOLE THE PARTY OF 3211, 611 73 34 77 IN THE PROPERTY OF THE PROPERT MARK THE AREA THOUGHT AND THE PARTY OF THE P EITATEU HERZAM, N.D. ST. ACHES HUSPING L-WILKERS & CATON

A/2/22 Louism N.S. Lowering Saltsman, Just Note 1

THE RESIDENCE OF THE PARTY OF T

must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	snows: (1) An accident of any nature; (2) boay burns; (3) A tracture of any kina; (4) Underermined cause; (3) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
This certificate must be app	the body was released to t	was D.O.A. at a hospital (e	deceased prior to death);	written approval must be

7 10 ' MO 0100	BALTIMORE CITY	HEALTH DEPARTMENT		72 (17227			
E-420 -72 07227	CERTIFICA	TE OF DEATH	REG. NO.	OF MARY AND DIDE			
BIRTH NO.	CERTIFICA		NO HOUR OF DEAT				
(Type or Print)	A D		Y 29 1972	7 7			
ELLIS, EDWARD EDG.				institution: residence before admission)			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	A. STATE B. COUL	NTY	mismonon residence before dumission/			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ON, GIVE STREET	MD . BAL		UNT Y USIDE CITY LIMITS?			
ST. AGNES HOSPITAL		BALTIMORE		YES NOX			
WILKENS & CATON AVEN	UES	E. STREET AND NUMBER					
BALTIMORE, MARYLAND	21229	1208 CANBERY	VELL ROAD	V			
	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.			
MALE CAUCASIAN WIDOWED	DIVORCED	05 03 01	Tost birthday)	Manths Days Hours Min.			
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BU		The state of the s	eign country)	12. CITIZEN OF WHAT COUNTRY?			
done during most of working life, even if retired)	ALLOS DEDT	111 011 111 0 7 011					
	DLICE DEPT	. WASHINGTON		UNITED STATES			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME				
Emil :							
15, Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give wor or dotes of service)		17. INFORMANT		ADDRESS			
	SECURITY NO. 20 30 0514	CT ACMEC HO	CDITAL DE	COBDC			
ILS WORLD WAR I	CAUSE OF DEATH	. 0	JSFITAL KI	APPROXIMATE INTERVAL			
410.9	Caro		show	BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH				4 65			
(This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAU	CONSEQUENCE OF:					
heort foilure, osthenio, etc. It means the diseose, injury or complication which caused death.)	Acus		restal	MT 1265			
	11 000	UNI-CI	1	12.13			
ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:							
DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the	DUE 10, OR AS	CVD_					
UNDERLYING CONDITION last.	(c)						
II II	A-1						
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).							
198. CONDITION FOR WH	ICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH?			
1 H 0		NO					
OR CONTRIBUTING CAUSE OF	ACE OF INJURY (e.g., in form, foctory, street, of	or about 21 C. WHERE DID	(If in Baltim	nare City, give exact lacation)			
DEATH (notify medical exominer)							
21D. TIME (Manth) (Day) (Year) (Hour) 21E, IN	JURY OCCURRED	21F. HOW DID IN	JURY OCCUR?				
♥ OF INJURY (APPROX.) While							
Work	At Work						
22. I certify that M) (this hospital) attended the			1972 to JI				
that (X) (we) lost sow the deceased alive on	JULY 29	19 72 ond t	hot in MyX (our) o	plnion deoth occurred on the dote			
and hour and from the couses stated above. XI) (we) (did) (We) v	ew the body ofter death.					
23A. SIGNATURE 126 CEN 2	7			23B. DATE SIGNED			
1900/		nding Med.	Staff Phys.	IIII V 20 1072			
23C. PHXSTCIAN'S	OEGREE Phys	3D. ADDRESS	rhys. 🗀	JULY 29 1972			
NAME (Type)			COLTAI				
JOSE APTER, M.D.	OEGREE	ST. AGNES HO					
24A. BURIAL CREMATION, 24B. DATE 24C. NAM REMOVAL (Specify)	E of CEMETERY or CRE	MATORY 24D.	LOCATION	(City, tawn, or county) (State)			
Burial 8/2/72 Lorra	ine Park Cen	etery W	oodlawn, Ma	ryland			
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF		25C. FUNERAL DIRECTO	R	ADDRESS			
AUG 1 1079 Traducialization	19 Kon 1	Witzke, 163	O Edmondson	Avenue 28228			
VS 150-REV. 1/1/6B		V 4 4 4					

DAGNE UNAME , LES TATTE HOSPITAL DATE HOSPITAL DATE HOSE AND THE HOSE HASELL ROAD HASEL ROAD HASELL ROAD HASEL ROAD HASELL ROAD HASEL ROAD ATT DETERMINED TO AN TENER AND THE ZOLION MINER WAS TOO Chodos En Latified Fened at Alientes To The Transfer of the Fo The state of the s LATIFIED. THAN TO ME DE MINE TO ME DE MINE DE Santani (Series of Lorentee Verte Denotory (Series) Marghaed

BIL)-560 eth No.		MED			BALTIMORE CITY HEALTH	ALTH DEPA	RTMENT	OF DEA	TH _{REG.}	NO. 72	0 9	7228
	NAME OF DEC		DOMAT D	m TT A z C	TID.		2. DATE OF	Known [] Month	Day	1	/eor	Haur
			DONALD			Uniden Osan	DEATH	Estimated					
FUI	PLACE IN BALT LL NAME OF SPITAL INSTITUTION	(IF NO		LORINS		ON, GIVE STREET		UNCED DEAD	/	30	19	972	3:45p
OR	60		East Av	e.			A. STATE	RESIDENCE (W	/here deceosed	B. COUN		dence be	Refore admission)
6. SEX 7. RACE B. MARRIED NEVER MARRIED						C. CITY OI			D. INSII	DE CITY LIA	AITS?		
	nale	whit		WIDOV					lto.		YES X	N	10 🗆
	11/5/43	3	10. AGE (In last birthday	28		der I Yr. If Under 24 Hrs. s Days Hours Min.		N. Eas					
	Maryla Maryla	ind			US	HAT COUNTRY?	13. FATHER	own					
	.USUAL OCCUP e during mast of w			4B. KIND	OF B	USINESS OR INDUSTRY	Unkn		NAME				
16. (Ye	WAS DECEASE s, no ar unknawn)	(Il yes, give	U.S. ARMED war or dotes	FORCE:	S?	17. SOCIAL SECURITY NO. 212-42-0615	18. INFOR	MANT Beamer,	604 N	East	Ave.		1205
	19. 3/14	1.9.				CAUSE OF DEAT					_		ROXIMATE INTERVA
	DISEASE	E OR CONI	DITION DIREC	CTLY		Intravend	ous nar	cotism					
		LEADING T				(A)IMMEDIATE C							
	heart foilure,	osthenia, et	e mode of dyi c. It means the ich caused dea	diseose,		DUE TO, OR A	S A CONSEC	QUENCE OF:					
7		NTECEDENT OR CONDIT ABOVE CA IG CONDI	IONS, IF ANY	, GIVING ING THE		(B)(C)	AS A CONSE	QUENCE OF:	n (Or age also large garage parameters age age apriling age age.				
CERTIFICATION	TO THE DEA	TH BUT NO	II INDITIONS CO T RELATED TO N GIVEN IN PA	THE TERM	INAL								
CERT	20A. DATE OF	OPERATIO	N 208. CON	IDITION	FOR V	VHICH OPERATION WA	S PERFOR!	MED			21.		sy? (Yes or No
MEDICA	22A. EXTERNUNDERLYING UTING ☐ CAL		ITRIB-		228. P home,	LACE OF INJURY (e.g., form, foctary, street, office	in or about bldg., etc.)	22C. WHERE D	OID (if in Boltin IR?	nore City, giv	e exoct loca	ation)	
Σ	22D. TIME (OF INJURY (APPROX.)	Month) (Doy) (Year) (Hou	1	E. INJURY OCCURRED HILE AT NOT AT W	WHILE	22F. HOW DID	INJURY OC	CUR?			
		JRE	Maw Marvin	ses R	Ac	Inspection Autorities Suicident Suicident M.D.	ASS	ond that of amicide CHIEF MEDIC ISTANT MEDIC OCIATE MEDIC	AL EXAMINE	nined man			DATE SIGNED
24 RE	A. BURIAL CREM MOVAL (Specif	MATION, Burial	248. DATE 8/3/72			NAME of CEMETERY	r CREMAT	ORY 2	Baltim		arylar		(State)
25	A. DATE REC'D	BY HEALTH			JAME (OF REGISTRAR	25C.	FUNERAL DIR	ECTOR ·		ADDRE	SS	
	AUG 1	197	2 75%	due	14	Morton	EW.	tzke, 1	63,0 Edm	ondson	Avent	ue	

VS 151-REV. 1/1/68

21 Sept. - 161 | Donie - Sept. - 161 - 162 | Str. -C.M. Stall R Meents Saltiente, Matyleas arrive to them to the land of the

72 17229 STATE OF MARYLAND-DHMH
BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

111-200	MEDICAL	L EXAMINER'S	CERTIFIC	CATE OF	DEAT	H REG. NO.	72 (17229
BIRTH NO.			No DATE					Lu
(Type or Print)	LEO MC G	EE.	2. DATE OF	Known Estimated	Month	Doy	Year	Hour
4. PLACE IN BALTIMORE, M			3. DATE		Month	Doy	Yeor	Hour .
FULL NAME OF (IF NO ADDR		STITUTION, GIVE STREET		INCED DEAD	7	29	1972	10:150 M
OR INSTITUTION	icott Dr.		5. USUAL RI A. STATE	ESIDENCE (When	e deceosed l	B. COUNTY	: residence	pefore admission)
6. SEX 7. RACE		NICO DI AIGUED MARRIED D	C. CITY OR			D. INSIDE CI	TY LIMITS?	The same
male white		RIED NEVER MARRIED NED IVORCED			lto.			№ □
9. DATE OF BIRTH 7/24/03	10. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		ND NUMBER	t Dr.			
11. BIRTHPLACE (Stote or fore Maryland	ign country)	12. CITIZEN OF WHAT COUNTRY? USA	13. FATHER	S NAME McGe	е			
		D OF BUSINESS OR INDUSTRY			ME	Y II A		
			Josi					
16. WAS DECEASED EVER IN (Yes, no or unknown) (If yes, give			Charle	es Tromme	r 56	14 St. M	ary's	St. 21207
19. 1/19 2/.		CAUSE OF DEA	TH					PROXIMATE INTERVAL
DISEASE OR CON LEADING T (This does not meon the heart failure, asthenia, elinjury or complication when the complete the	O DEATH mode of dying, e.g., c. It meons the disease, ich coused death.)	Arterioscle (A)IMMEDIATE C DUE TO, OR A		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	cular	disease		
DISEASES OR CONDIT	TONS, IF ANY, GIVING	(B)	AS A CONSEC	QUENCE OF:		*****************		
0	11	(0/						
OTHER SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITION 20A. DATE OF OPERATION	NOTIONS CONTRIBUTED TO THE TERM	MINAL	-4					
20A. DATE OF OPERATION		FOR WHICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes or No)
0								,
Z 22A. EXTERNAL CAUSI UNDERLYING OR COI		228. PLACE OF INJURY (e.g., home, form, foctory, street, offic	in or about 2	2C. WHERE DID	(If in Boltime	re City, give exo	ct location)	
UTING CAUSE OF DE								
OF INJURY	(Doy) (Year) (Hou		WHILE -	2F. HOW DID IN	JURY OCC	UR?		
(APPROX.)			VORK					
I certify that I	held on Inquiry	Inspection X Au	top sy	and that on t	this basis,	deoth in my	opinion	
resulted from:	Natural causes X	Accident Suicid	le 🗌 Ho	micIde	Undeterm	ined monner		
	0.1	1		CHIEF MEDICAL	EXAMINER	K		
ACTUAL	(KA)	she / "	ASSI	STANT MEDICAL	EXAMINER			DATE SIGNED
SIGNATUREEXAMINER'S	Puccoll C	Fisher, M.D.		CIATE MEDICAL	EXAMINER			7-30-72
NAME (Type) 24A. BURIAL CREMATION,	24B. DATE	24C. NAME of CEMETERY	or CREMATO	PY 24D	LOCATION	(Cibe town	, or county	
REMOVAL (Specify) Burial	8/2/72	New Cathedral				re, Mary		(Stole)
AUG 1 1972	DEPT 258. P	NAME OF REGISTRAR		tzke, 163			odress venue	21228
VS 151-REV. 1/1/68	14	7 7 11 1)	() 63	0 0 0)			

Signature Transport Solar St. May Signature St. May St Chicagoli H. Tistenia CONTRACTOR CONTRACTOR OF THE PROPERTY OF THE STATE OF THE and the second value of the Life honoration which is 1881

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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

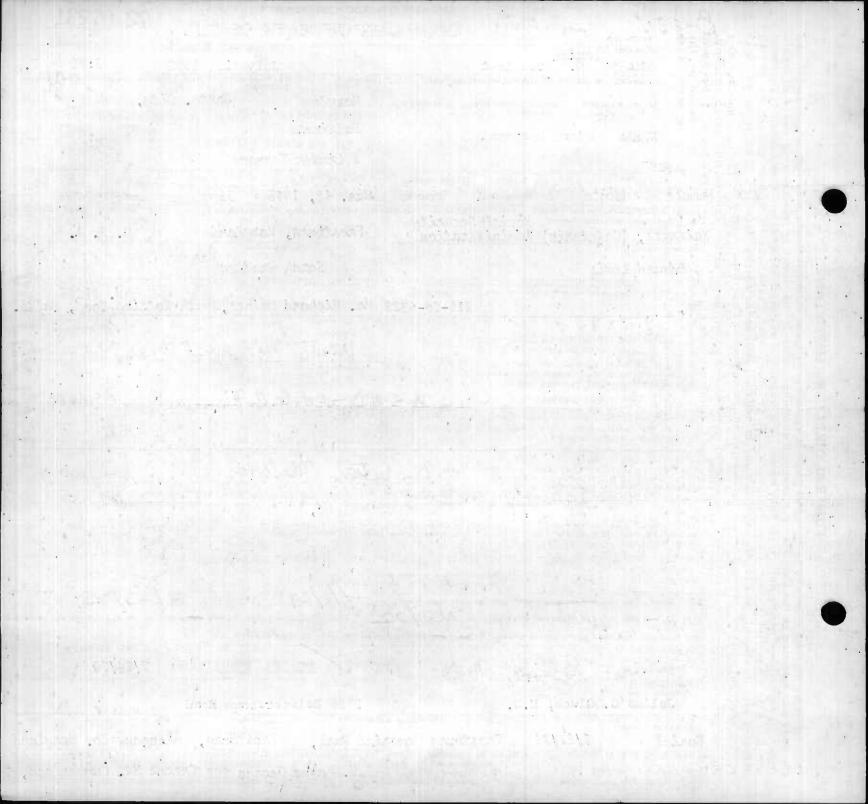
	1			BALTIMORE CITY	HEALTH DEPARTMENT	_/	המסים היים
11	-100	72 1	7230	CERTIFICA	TE OF DEATH	REG. NO	72 07230
1 1	TH NO.	SED			2. DATE	AND HOUR OF DEATH	, MARYLAND DHMI
(Ту	pe or Print Rober	rt Ernest Ca	аре			lu 24, 1972	5:20 A
3.	PLACE IN BALTIM	ORE, MARYLAND, W	HERE PRONO	UNCED DEAD		here deceased lived. If i	institution: residence before admission
FU	LL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	NJ		127
HO	STITUTION R	ADDRESS OR LOC	ATION	MENIDER	C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
×	/	ic Health Se	IL A	MENDEL	Madison		YES NO
1		Wyman Park		dospital 10-5-7	17 Del Bart	on Drive	
5.		RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs
	M	Caucasian	WIDOWED	DIVORCED [10/27/2	6 lost birthdoy 45	Months Doys Hours Min.
		TION (Give kind of work king life, even if retired)			11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTR
	Retired		Sales	sman	NJ		USA
13.	FATHER'S NAME				14. MOTHER'S MAIDEN N	AME	
	Ernes	st Cape			Anne Mega	ro	
1 S.	Was Deceased Eve	er in U. S. Armed For	cos?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	Yes	USN 1944-		163 22 2520	Records- US	PHS Hospita	1, Balto, Md.
_	18. 2 0 /	0 10-01-3	Canuni	ty No. 153-22-	1000		APPROXIMATE INTERVAL
		OR CONDITION DI	Securi	ty No. 153-22-		2	BETWEEN ONSET AND DEAT
		ADING TO DEATH mean the mode of	dvina aa	(A) IMMEDIATE CAL		Days	
	heart failure, ast	lhenio, elc. Il meons	the diseose,	DUE TO, OR AS	A CONSEQUENCE OF:		
		colion which coused TECEDENT CAUSES			Moreombeart	ononio	Wooles
		CONDITIONS, if		(B)	Thrombocyt	openia	Weeks
	rise to the	obove couse (A)			e monocytic le	ukemia	Months
	UNDERLYING C	CONDITION Iosl.		(c)			1/1011 610
NO	OTHER SIGNIFICA	II INT CONDITIONS CO	NTRIBITING				
ATIO	TO THE DEATH B	BUT NOT RELATED TO T	HE TERMINAL				
FICA	19A. DATE OF OF		DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
ERTIFIC	2				yes		yes
O	OR CONTRIBUTION		hor	na, form, factory, street, at	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimo	are City, giva exact location)
ICAL	DEATH (notify me	edical examiner)	etc.				
MEDI	OF INJURY	Manth) (Day) (Year)		INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
<	(APPROX.)		Wh	ilo At Not While	° 🗆		
	22. I certify the	at (1) (this hospito	l) attended t	he deceased from	Apr. 26	19 72 to	July 24 19 72
	that (1) (we) los	st sow the decease	ed olive on	July24	1972ond	that in (my) (our) op	Inion death occurred on the da
	ond hour ond fr	om the couses sto	ted obove. (A	() (We) (dld) (did/nor) v	lew the body after death	le.	
	23A. SIGNATURE	1 0 0	4 . 40				23 B. DATE SIGNED
	Chil	_13.Cel	L. M.	O. OEGREE Phy	nding Mod. Director	Staff Phys.	7/24/72
	23C. PHYSICIAN'S)			23D. ADDRESS		2/2
	Arthur	B. Abt, Sur	geon	OEGREE	us PHS Hosp	ital , Balto	, Ma.
24/	REMOVAL (Spoo	TION, 24B. DATE	24C. N	AME of CEMETERY or CRI	MATORY 24D.	LOCATION (C	City, town, or county) (State)
I	Removal	7-26-	72			Manteo,	North Carolina
25/	A. DATE REC'D BY	HEALTH DEPT-	258. NAME (OF REGISTRAR	25C. FUNERAL DIRECT		ADDRESS
Al	JG 1 197	2 Duest	ANTO	work is	Hobert A Pa	mohier F.H.F.	P. Betherda, md
VS	150-REV. 1/1/6B	/	1		0 4 4	-	

10-5-1972 - Affidavit of Wife, Eleanor Cape, 17 Delbarton Drive, Madison, New Jersey-07940 and Social Security Card for Robert E. Cape. HRS

El-HI-Tie

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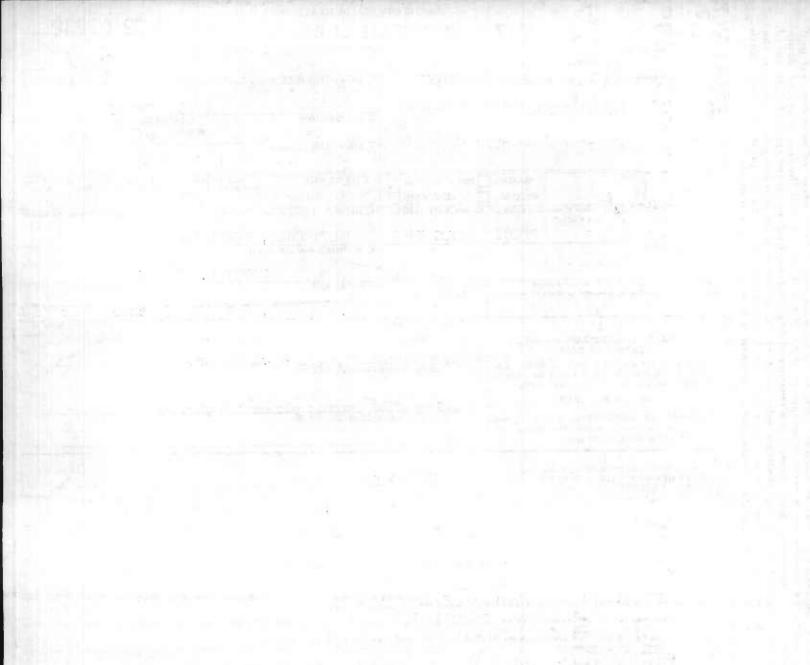
0	,			BALTIMORE CITY	HEALTH DEPARTMEN	IT	20 02024		
BIRTH NO	634	72 (7231	CERTIFICA	TE OF DEAT	H REG. NO	F MARYLAND-DHME		
I.NAME	OF DECEASED	Louise			2. DAT	E AND HOUR OF DEATH	HARTIAND-DEME		
(Type or P	"" Gladys		eedlove			July 23, 1972			
3. PLACE	IN BALTIMORE,	MARYLAND, WI	HERE PRONOU	NCED DEAD		COUNTY	institution: residence befare admission)		
FULL NA	ME OF (IF N	OT IN HOSPITA	L OR INSTITU	TION, GIVE STREET	Maryland	Balto. (City,		
HOSPITAL INSTITUTION		RESS OR LOCA	TION)		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?		
4 3	KXXXX	Sinai H	ospita1		Baltimore E. STREET AND NUMB	ED	YES NO		
4	2				8 Linden Te				
5. SEX	6. RACE		7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Days Haurs Min.		
Femal	le Whi		WIDOWED	= =	Mar. 12, 191	6 S6	Months Days Hours Min.		
				BUSINESS OR INDUSTRY	11. BIRTHPLACE (State o		12. CITIZEN OF WHAT COUNTRY?		
	mast of working life		Social	Security	Frostburg,	Maruland	U. S. A.		
3. FATHE	ress, (Ca	Decenail	Aunikria	solution	14. MOTHER'S MAIDEN NAME				
F	dward Lew	is			Sarah	Bradley			
5. Was D	ecoased Ever in U	. S. Armed Forc	es?	1 6. SOCIAL	17. INFORMANT		ADDRESS		
	unknown) (If yes, g	give war or dates	of service)	215-20-6323	Mr Richard	Haines, South	Palling Road Ralta		
No,	110 0	1.1 0	F 13 C	CAUSE OF DEAT		nuches, soudi	APPROXIMATE INTERVAL		
7	DISEASE OR CO	ONDITION DIR	ECTLY				BETWEEN ONSET AND DEATH		
		TO DEATH	7,2,1	(A)IMMEDIATE CAL	SE UCULE	My ocardial i	Infacts I umediate		
	does not meon foilure, osthenio,			DUE TO, OR AS	A CONSEQUENCE OF:		Dext		
	or complication			,		11.0	and a		
	ANTECED	ENT CAUSES		(B) A.S. 1	4.D-CH. G	: 14. 7.	3420.5		
	ASES OR CON			DUE TO, OR AS	A CONSEQUENCE OF:		·		
	to the obove		sloting the	(c)			<u>Z</u>		
		11			2.1	1			
	R SIGNIFICANT CO			D185	Tres Men	Clitus	2 years		
▼ DISEA	ASE OR CONDITION	GIVEN IN PART	1 (A).	VUICH OBERATION	20 A. AUTOPSY? (Yes	or Noll 208 IE VES WED	E FINDINGS CONSIDERED		
DI 19A. C	DATE OF OPERALI	WAS PERF	ORMED	VHICH OPERATION	No.	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?		
U 21A.	ACCIDENT WAS	UNDERLYING _	21 B.	PLACE OF INJURY (e.g., i	n ar obout 21 C. WHERE D	OID (If in Boltim	are City, give exact location)		
OR C	H (natify medical	CAUSE OF examiner)	hom etc.)	e, farm, factory, street, a	fice bldg., INJURY OCCL	J K?			
21 D. T	TIME (Month)	(Day) (Year)	(Hour) 21E.	INJURY OCCURRED	21F. HOW DI	D INJURY OCCUR?			
OF IN				le At Not Whil					
		() () () () ()	Wai		4/1/10	10	2/23/32 10		
				ne deceased fram	11/69	19ta	1.4.3.1.219		
	(1) (we) last sav			1212			pinion death accurred an the date		
		e causes stat	ed abave. (I) (Ms) (dtd) (did nat) v	riew the bady after de	eath.	DATE CIONED		
234	IGNATURE	- 00	= - /	n A Ath	238. DATE SIGNED 1/0/1/10				
	Ja lug (, Jen	oly.	M, DEGREE Phy	s. Director	☐ Phys. ☐	7/24/72		
23 C4	HYSICIAN'S NAME (Type)	a1 1			23D. ADDRESS				
	Julius C.			DEGREE		erstown Road			
	IAL CREMATION, NOVAL (Specify)			AME of CEMETERY of CR		-	(City, town, or county) (State)		
Bur		7/27/72		ostburg Memor			llegany Co. Maryland		
25A. DAT	TE REC'D BY HEAL	TH DEPT.	258. NAME (OF REGISTRAR	25C. FUNERAL DIRE		Md. AD2 1502		
A	UG 1 197	12 / 30	1447	- nonon	15. Hayne G	gorge 202 Gre	ene St. Cumberland,		
VS 150-RI	EV. 1/1/68		/1	10 2	Bird King	36			



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

0	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. 72 0723	32 CERTIFICA	TE OF DEATH	REG. NOSTATE	OF MARYLAND DUM
I. NAME OF DECEASED		2. DATE A	NO HOUR OF DEATH	OF MARTLAND-DHIM
Nancy Peterson			131/72	16:18 A.M.
3. PLACE IN BALTIMORE MARYLAND, WHERE P	RONOUNCED DEAD	A. STATE & COU	ere deceased lived. If in NTY	nstitution: residence before admission
FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION	INSTITUTION, GIVE STREET	C. CITY OR TOWN	ANNE Jo. INS	ARUNDEL 5
2	0 - 1 - 0	Severn		YES NO 🗵
5 Maryland General +	10201706	Box 240,	Old Oak	c Ra,
F WIDO	RRIED NEVER MARRIED DIVORCED DIVORCED	5/19/55	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
IOA, USUAL OCCUPATION (Give kind of work 108, KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State at for	eign countryl	12. CITIZEN OF WHAT COUNTRY?
	CIAL EDUCATION	BALTIMORE,	MARYLAND	(15.
		14 MOTHER'S MAIDEN NA	ME	
Josep Peterson		n	MANCY L. SNY	YDER
15. Was Deceased Ever in U. S. Armed Forces? (Yes, na or unknown) (II yes, give war or dates of ser	vice) 16- SOCIAL	17. INFORMANT		ADDRESS
No ////////		MRS. JACOB E.	PETERSON ((mother) Same As#4
18. 5 7 1 X 1	CAUSE OF DEAT		I LILITON (APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				SETWEEN ONSET AND DEATH
heart failure, asthenia, etc. It means the dis injury of camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, It any, sise to the above cause (A) stating UNDERLYING CONDITION last.	(8) <u>Suspect</u> e	ed chronic glome A consequence of:	erulonephrit	is2 years
OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG Mental	retardation	***************************************	life
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART I (A). 194-DATE OF OPERATION 198 CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY! IVes of N	a) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (natify medical examined)	218 PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or about 21 C. WHERE DID ice bldg., INJURY OCCUR?	(If in Baltimor	e City, give exect location)
OF INJURY (Month) (Doy) (Year) (Hour) (APPROX.)	While At Not While At Work	21F. HOW DID IN	JURY OCCUR?	
22. I certify that (i) (this hospital) attended	ded the deceased fram	une 25,	1972 to Ju	ly 31, 1972
that (1) (we) last sow the deceased allve				nian death occurred an the date
and hour and fram the causes stated abo				
23ALSIGNATURE O O		on the body diret decins		23 B. DATE SIGNED
Throw Terren	Atte	ding Med.	Staff Phys.	
23C.PHYSICIAN'S NAME (Type)	DEGREE)	3D. ADDRESS	Phys. L.J	July 31, 1972
Donald T. Lewers, M.D	4C. NAME of CEMETERY OF CRE	827 Linden Ave		ore, Maryland 212(
BURTAL ALIG 3/72	GLEN HAVEN MEM	PTAL PARKA 25C FUNERAL DIRECTOR	GLEN BURNI	
AUG 1 1972 Typhogy vs 150-REV. 1/1/68	my horrow	1 State	SINGL GLE	



AND IN

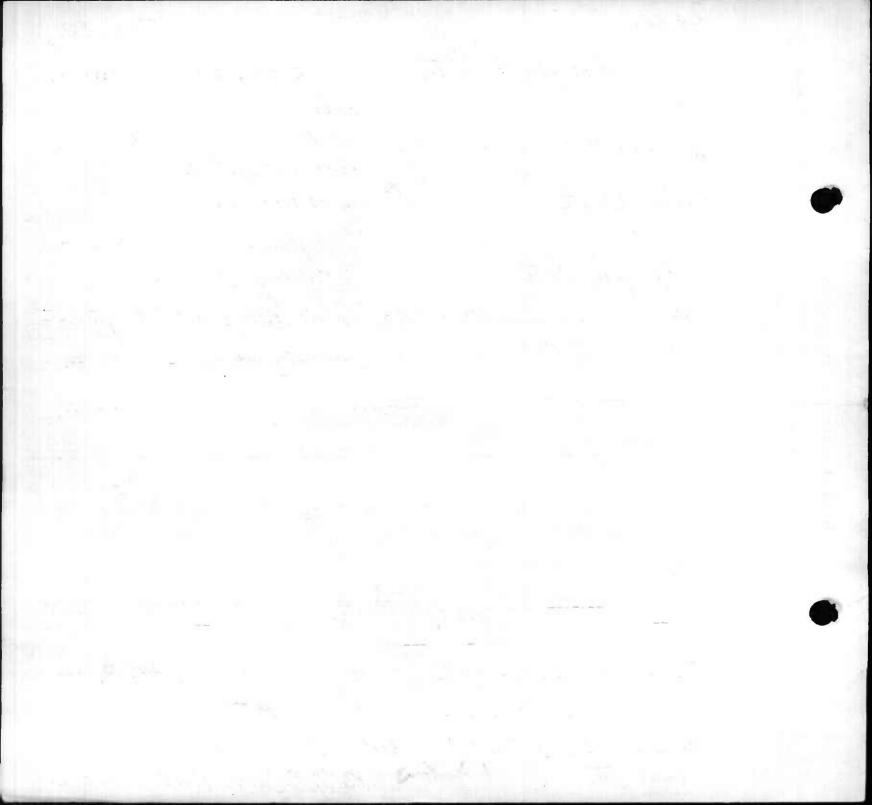
AUG

VS 150-REV. 1/1/68

1972

P- 360 BALTIMORE CIT	Y HEALTH DEPARTMENT
BIRTH NO. 72 07233 CERTIFICA	ATE OF DEATH REG. NO. 72 (7233
I. NAME OF DECEASED	2 DATE AND HOUR OF DEATH
Type or Print) Joseph J. Petr	Tuly 28 1072 10430 7
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	md. 2632
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
armacost hursing Home Inc	Balto YES NO
avriacoer possessing prince	E. STREET AND NUMBER
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeors III Under 1 Yr., II Under 24 Hrs.
male 11/1/21te WIDOWED DIVORCED	Months Days Haurs Min.
10A. USUAL OCCUPATION Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY dane during mast of working life, even if retired)	11. BLEYHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
7	Sugar la de la la
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Petr	Catharia makel
15. Was Deceased Evel in U. S. Armed Forces? (Yes, na at unknown) (If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
NO 216-09-7223A	A.Coli Comer 3 F Lesi + 14
18. 4/2 4 CAUSE OF DEAT	APPROXIMATE INTERVAL RESPONDENT AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH
(A)IMMEDIATE CAL	JSE Arteriosclerotic cardio- 10 yrs.
heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.)	ACONSEQUENCE OF: vascular disease
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if any, giving DUE 10, OR AS	edsy 1 0 yrs.
rise to the obove cause (A) stating the UNDERLYING CONDITION last. (C)	
[0]	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION	
19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTION OF CALLES OF	n or obout 21C. WHERE DID (II in Baltimore City, give exact lacation)
OR CONTRIBUTING CAUSE OF hame, form, factory, street, of DEATH (notify medical examiner)	lice bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Haud 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Not While At Work At Work	• 🗇
22. I certify that (I) (this hospital) attended the deceased from	70 73 00
that (i) (we) lost saw the deceased olive on July 9.	1972 ond that in (my) (507) opinion death occurred on the date
and hour and from the causes stated above. (1) (We) (did) (did-not) v	the daily
23A. SIGNATURE	238, DATE SIGNED
The control of the co	nding Med. Staff
22C BLIVELCIACIO	23D. ADDRESS
Lloyd E. Saylor, M. D.	3902 Greenmount Avenue
24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D, LOCATION (City, town, or county) (Stote)
Burial 8/1/72 most Holy Re	edeemer Balto. md.

25C. FUNERAL DIRECTOR ADDRESS



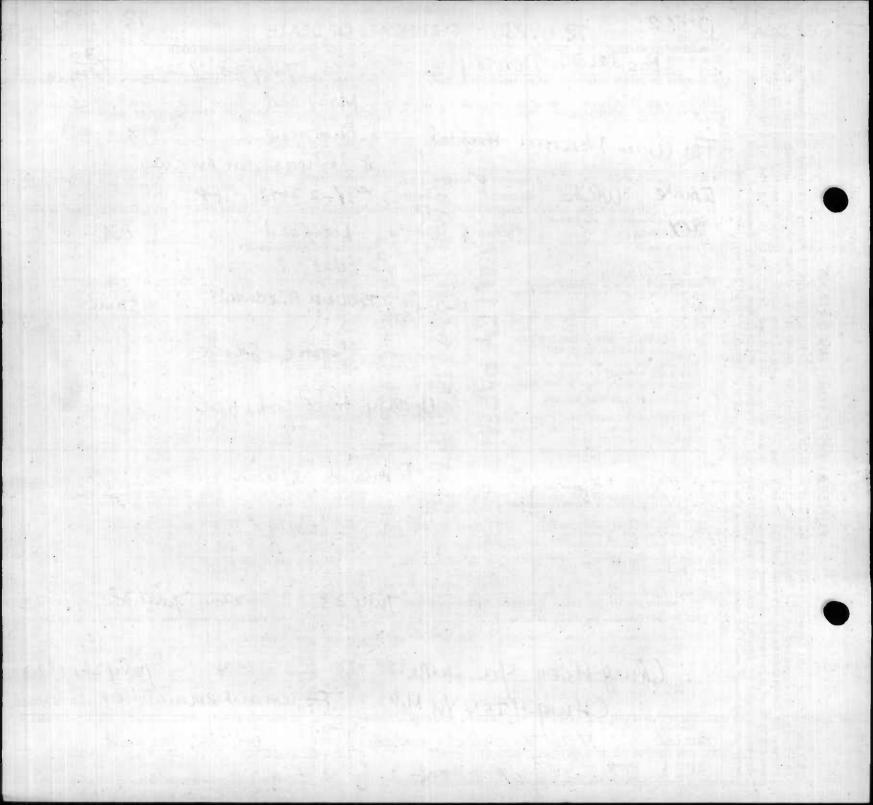
UNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH al and death Deceased BIRTH NO. Suc th I. NAME OF DECEASED (Type or Print) 0 USUAL RESIDENCE (Where deceosed lived, If institution: residence hospital of 3. PLACE IN BALTIMORE, MARYLAND, ance B. COUNTY Cause HAR FORD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) BN HOSPITAL OR C, CITY OR TOWN D. INSIDE CITY LIMITS? canse; attend ō 0 321 YES NOT prior contributing E. STREET AND NUMBER UNIVERSITY HOSPIT etermined 9 9. AGE (In years last birthday) MARRIED NEVER MARRIED 8. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours! Min. ceased 5 WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Ξ Unde MACHINE buppy All , Fromit 146 SD 13. FATHER'S NAME the 14. MOTHER'S MAIDEN NAME 4 MARINE eath 0 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT (mother) 838-3719 ADDRESS but (Yes, no or unknown) lif yes, give war ar dotes of service) SECURITY NO. 1201 Prospect Mill Rd. ance Mrs. Catherine M. Sample Bel Aric Manland 21014 Approximate INTERVAL 216-44-4713 O NO any Por CAUSE OF DEATH 18. pronounce attend BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY of LEADING TO DEATH fracture (This does not meon the made of dying, e.g., heart failure, asthenia, etc. It means the disease) DUE TO, OR AS A CONSEQUENCE OF: regular injury or camplication which caused death) ANTECEDENT CAUSES who DUE TO, OR AS A CONSEQUENCE 4 DISEASES OR CONDITIONS, if any, slaling rise to the above cause (A) remains physician UNDERLYING CONDITION last Was OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). the 19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the 0 WAS PERFORMED 27A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUCHE OF INTEA ARA 21B PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, affice bidg., INJURY OCCUR? (If In Boltimore City, give exact lacation) where hospital °Z DEATH (notify medical examined OF INJURY ained (Doy) (Year) (Hous) 21 E INJURY OCCURRED 9 While At Not While STRUCK Pedastream (APPROX) 649 22 1972 At Work and any 22. I certify that (1) (this haspital) attended the deceased fram that (1) (we) last saw the deceased alive an and that in (my) (our) opinion death accurred an the date eath) hospital and have and from the causes stated above. (1) (We) (did) (did nat) view the body after death. An accident CATION 23A. SIGNATURE 23B. DATE SIGNED ਰ Attending | Staff Phys. 0 0 23C. PHYSICIAN'S 23D. ADDRESS BURIAL CREMATION, 248, DATE REMOVAL (Specify) at 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) 0.0 shows: BEI Air MEmorial GardEUS Aug. 1, 1972 BEI Air Harford G, Many Bod 21014 Was 25C. FUNERAL DIRECTOR ADDRESS Sh W. Brondung min

95 THE WEST OF WAR

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death.) and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

0 = 5	BALTIMORE CITY	HEALTH DEPARTMENT		שם משממל
D 362 BIRTH NO. 72 0723	5 CERTIFICA	TE OF DEATH	REG. NO	72 07235 E OF MARYLAND-DHMH
1. NAME OF DECEASED (Type or Print) BrodersC, Dor	othy E.	Tuly	28 1972	1 7 m. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If in	stitution: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Maryland C. CITY OR TOWN	b. INSI	DE CITY LIMITS?
	16-64el	Baltonne		YES 🔀 NO 🗌
The union Henovial	Hospirac	8 36 Dum has	ton Avenu	æ
5. SEX 6. RACE 7. MARE	RIED NEVER MARRIED		. AGE (In years ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
Jemare Whose widow		11-22-13	58	
18A. USUAL OCCUPATION (Give kind of work 108, KIN) done during most of working life, even if retired)		11. BIRTHPLACE (Stote or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
	cloe & Jewel's	Marganel		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
- Gibson		Ethel?		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of servi	16. SOCIAL SECURITY NO. 278-03-0537	Edward Biede	वदा	Same.
18 9 7 6 1	CAUSE OF DEAT	1 H		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAL	ise Septic 8	hour	
(This daes not mean the made of dying, hearl failure, osthenia, etc. II means the dise		A CONSEQUENCE OF:		
injury or camplication which coused death.)				
ANTECEDENT CAUSES	(B) Climar	ACONSEQUENCE OF:	ction	
DISEASES OR CONDITIONS, if any, gi		A CONSEQUENCE OF:		
UNDERLYING CONDITION last.	(c)	***************************************		***************************************
z II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG BYO	ulhical asthm	ia	
	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE	FINDINGS CONSIDERED
194. DATE OF OPERATION 198. CONDITION F WAS PERFORMED			IN CERTIFYING CAL	USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	218. PLACE OF INJURY (e.g., i home, farm, foctory, street, o etc.)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimor	e City, give exoct locotion)
OF IN HEY	21E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
S (APPROX.)	While At Not While Work At Work	е		
22 1 service above (1) (abis becaused) gazand		10. 32	072-1	0,126 10.32
22. I certify that (1) (this haspital) attend that (1) (we) last saw the deceased alive			9 72-10 70	nian death accurred an the date
and hour and from the causes stated above			Tin(my) (doi) apin	man dearn accorred an the date
23A. SIGNATURE	e. (i) (iie) (ala) (ala har) V	new the oddy differ dedin.		238, DATE SIGNED
1 Dans 14 on 5		nding Med.	Staff 1	71,01126,1822
23C. PHYSICIAN'S	M WEGREE Phy	s. Director F	Phys.	July 20 10/12
NAME (Type)	TOUNG MD	The Union	n Mamori	al Hosp, Baltime
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CRI	EMATORY 24D. LO		ity, town, or county) (State)
Burial 7/37/172	0 .1 1 6	111	10 11 1	
25A. DATE REC'D BY HEALTH DEPT 25B. NA.	Bethel (emeter	25C. FUNERAL DIRECTOR	2 2 11	anyland
AUG 1 1972 Dichen	when the sale	3	ohn of Mozan,	Una.
VS 150-REV. 1/1/68	T. C. V.	3 2 3 3300	10 6 Baltimore	Ot.



hospital anduse of death (5) Deceased ance on the death. Such
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
his certificate must be ne body was released hows: (1) An accident of a D.O.A. at a hospite eceased prior to deat rritten approval must

, ,	17 /12	min.	n mana a	BALTIMORE CITY	HEALTH DEPARTMENT	,	75) (1	7236	
U	1-420	12	07236	CERTIFICA	TE OF DEATH	REG. NO.			AND-DHM	7
	TH NO.	ASED				NO HOUR OF DEATH	Oh. W	ALIL	WIND-DITTE	
	e or Print)	EISH, MARVIN	WILLIA	M	7/27	/72			9:30	R.
3. I	PLACE IN BALTI	MORE MARYLAND, V	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Whe		stitution: res	idence	before odmissi	ion)
HO	LL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTIT	TUTION, GIVE STREET	MARYTAND A	NNE ARUMDEL	DE CITY LIA	AITS?	200)
		ADMINISTRATI	ON HOSP	ITAL	GLEN BURNIE		YES		NO 🖾	
30	OO TOCH	RAVEN BLVD			E. STREET AND NUMBER			9 -		
	TATMORE		21218		1XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX 18 Sumac	Road			
s. s	EX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under Months	1 Yr.	If Under 24 Hours Min	
1	TALE	WHITE	WIDOWED	DIVORCED [10-6-11	60				
			108. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZ	EN OF	WHAT COUN	TRY?
	JARD	orking life, even if setired)			ROANOKE RAPIDS	. N. C.	U	SA		
	FATHER'S NAM	E			14. MOTHER'S MAIDEN NA	*				
-	CHARLES	1/4 T = 1	h		EFFIE SMALLWO	OD				
		Wels		1 6. SOCIAL	17. INFORMANT	0.5		ADDRE	22	
(Yes	, no or unknown)	(If yes, give wor or done 3-11-39-10-	es of service)	SECURITY NO.	N 19 19 19 19 19 19 19 19 19 19 19 19 19					
7	YES	XXXXXXXX	10-47		CLINICAL RECORD	S-VAH BALTO	MD.	21,2		
	18. 43	201		CAUSE OF DEATI	Н		8		ONSET AND DE	
		OR CONDITION DE	RECTLY			D 6		٠,	lorra	
		t meen the mode of	dvina e a	(A) IMMEDIATE CAU	JSE Cardio-Pulmona A CONSEQUENCE OF:	ry Dysimict.	LOII	5	lays	
	heart failure, a	sthenio, etc. It meons	the diseose	, DUE IO, OR AS	A CONSEQUENCE OF:					
		olicotion which coused						3		
		NTECEDENT CAUSES		(8)	Cerebrovascula	ar Accident		4 1	nonths	
		obove couse (A)						٠.	a k1	
		CONDITION lost.		(c)	Left Carotid S	tenosis		5 1	nonths	
		II								
ON		CANT CONDITIONS CO			Hypertension					
AT	DISEASE OF CO	BUT NOT RELATED TO T ENDITION GIVEN IN PA	DT 1 (A)							
CERTIFICATION	7/20/7	2 198. CON WAS PER	rormed mi menta	Id right hemip	NONE	IN CERTIFYING CA	USES OF D	EATH?	DERED	
5	21A. ACCIDEN	T WAS UNDERLYING	21	B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimor	e City, give	exoct	ocotion)	VT.
AL		medical examiner NO	- oto		ince stage, internet occor.					
MEDIC		(Month) (Doy) (Year)		E INJURY OCCURRED	21F, HOW DID IN.	JURY OCCUR?				
M	(APPROX.)			hile At Not White	e 🗍					
				OIK — AT TYOIK	- /- /-	** 70	7/07	7	•• 70	
		that 🔯 (this haspita		7/	7/14 27/1972 ond th	19 72 to			19_72	
		last sow the deceas				hat in they) (aur) opi	nion deat	n accu	irred on the	dote
			ited obove.	(1) (Me) (qiq) (QiQDaet) v	riew the body ofter deoth.					
F	23A. SIGNATUR	RE +	9	1/	anding - Mad -	Shell File	23B. DAT	SIGN	ED	
	12	assugo	Tu/	MC DEGREE Phys		Shaff Phys.	7/3	28/7	2	
	23C. PHYSICIAN NAME (Ty		/		23D. ADDRESS					
	KATSUZ		. D.	DEGREE	VA Hospital, B	altimore, Md	. 212	18		
244	BURIAL CREM	AATION, 248. DATE	24C. N	IAME of CEMETERY OF CRE			ity, town, or		(State	el
	Burial (Sp	31 July	v 72 G	len Haven Memo	rial Park Gl	en Burnie, A	Δ		Md.	
2SA		BY HEALTH DEPT		OF REGISTRAR	25C. FUNERAL DIRECTO		**	AD	DRESS	
	Alic 1	1070 -4	1-1	2000	Kirkley Funer		n Bur	nie,	Md. 21	061
VS	150-REV. 1/1/6	1312 / 134	A CALLER	744700	3 2 3 3					
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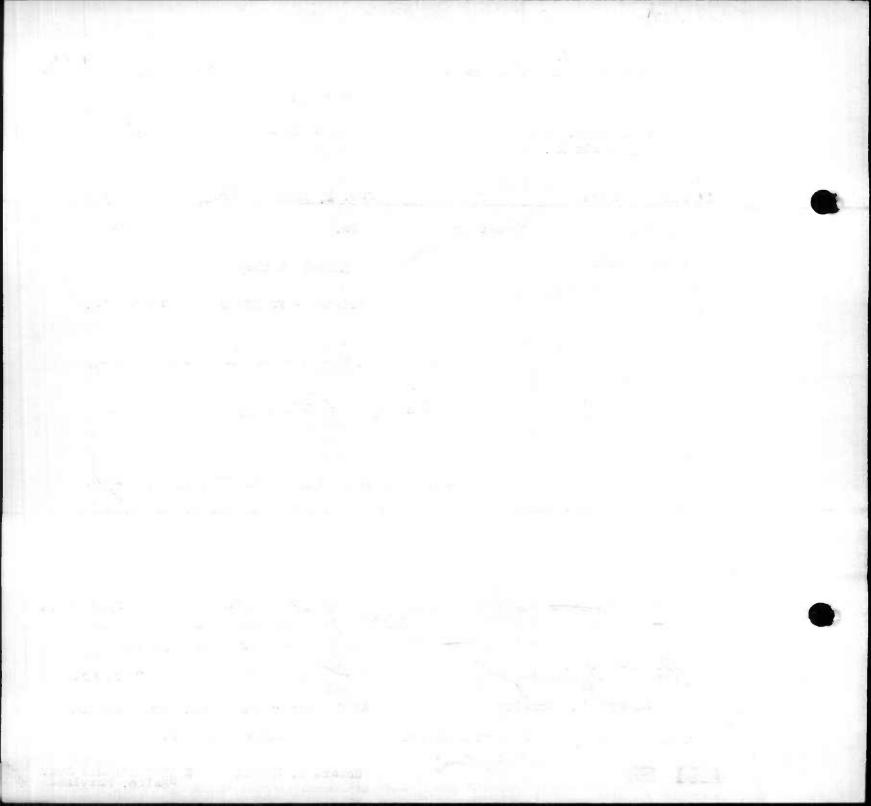
	11 657	REG. NO.	72 67237 _ *
5 to 4 to	BIRTH NO.	CATE OF DEATH	E OF MARYLAND-DHILL
deat deat cease on th	1. NAME OF DECEASED (Type of Print) ARRINGTON EDWARD HERMAN	2, DATE AND HOUR OF DEAT	OF MARYLAND-DHAT
+ + 0 -	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If	IVI
osp nc led	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	MARYLAND Carroll	5600
aus e; (; o d	HOSPITAL OR ADDRESS OR LOCATION)		NSIDE CITY LIMITS?
in o	ST AGNES HOSPITAL	S Y KES VILLE E. STREET AND NUMBER	YES NO NO
ting d cc		ARRINGTON ROAD 2178	34
tribu mine gular sed p	S. SEX 6. RACE 7. MARRIED NEVER MARRIED [MALE CAUCAS AN WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
re r	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUS		12. CITIZEN OF WHAT COUNTRY?
if death rect or c (4) Undet was in the dec	done during most of working lite, even if retired) CONTRACTOR Pole Line Cont.	MARYLAND	USA
t de	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	ICII
dire	ALBERT E ARRINGTON, A. Frank	MARGARET (HUSSELBAU	
he d kind) deat ce o	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
22 + 1 = 1	NO 216 32 793		LTO MD 21229
an an on on		rolese tompone	BETWEEN ONSET AND DEATH
Also e of noun atte	LEADING TO DEATH		/α.
1.30 - 0	heart failure, asthenia, etc. It means the disease,	Leve oneury son	of
iner ract pr ula	injury or complication which caused deoth.) ANTECEDENT CAUSES	sending atta	2 d.
A fr A fr vho reg	(B)	AS A CONSEQUENCE OF:	
ex (3) (3) in s a	rise to the obove cause (A) stating the UNDERLYING CONDITION tost.	sev) - Hyper	Cension
dica cal ns; icia icia	- 11	- 001	
burr burr hys	O THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
dy dy icia	DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WER	RE FINDINGS CONSIDERED CAUSES OF DEATH?
chie y a Bod the the hysic re th		YES	
the all by: (2) lere o ph	OR CONTRIBUTING CAUSE OF ORCONTRIBUTING As underlying born, fortory, steed of DEATH (notify medical examiner)	g, in or obout 21C. WHERE DID (if in Boltin normal of the bldg., office bldg., INJURY OCCUR?	nore City, give exact location)
spit ure; wh s) Ne	21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
hos natu ept d (6)	While At Not Work (APPROX.)	While Ork	
ny ny and and obto	22. I certify that (N) (this haspital) attended the deceased fram	07/21/72 19 10 (7/25/72 19
0	that (IX(we) last saw the deceased alive an 07/25/72		pinian death accurred an the date
tased to dent of ospital death) must be	and haur and from the causes stated above. (X) (We) (did) (A)) view the bady after death.	
ust eas ide hos n	150 1 m d	Attending Med. Staff Phys. Director Phys.	23B, DATE SIGNED 07/25/72
a a co	23 C. PHYSIGHANA	Phys. Director Phys. A	0/12/1/2
was r An a L at e prior	(NAME (TYPE) APTER, JOSE MD	ST AGNES HOSPITAL BAL	TO MD 21229
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of REMOVAL (Specify)	CREMATORY 24D. LOCATION	(City, town, or county) (State)
Nos:	Burial 7-28-72 Lake View Ce		Md.
This certificate body shows: (1) was D.O was tricked deceased written a	ALIG 1 1972 Triding My North	25C, FUNERAL DIRECTOR	ADDRESS A
-+ u > 0 >	VS 150-REV. 1/1/68	Stillion Haring - 1	aperote 1 mg-

67237 MARYLAND-DH

HAMME CALLED NOTE FARA 1 ST 1970 H (1315) 72 MERCHE 改作 6 10 7 20 1 5 30 . The second class of the Association Single is WITEHINA F. Shore AZERS OF CLUM SETTEMENTS SEED SE SEST

CESTE NO DESERVE LA LESSON SELECTIONS SALTO DE RESERVE

BALTIMORE CITY HEALTH DEPARTMENT 72 07238 CERTIFICATE OF DEATH death Deceased Such I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) no hospital LONNA death. of 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. Il institution: residence before attendance A. STATE Trainia COUNTY cause FULL NAME OF HOSPITAL OR (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) c. CITY OR TOWN Deltaville canse; 0 D. INSIDE CITY LIMITS? Gould Conv. Home YES K NO prior contributing 6116 Blair Rd. E. STREET AND NUMBER occurred etermined in regular disposition is made 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (in years 7. MARRIED NEVER MARRIED deceased Il Under 1 Yr. If Under 24 Hrs. Jan. 2, 1881 White Female WIDOWED X DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY? death done during most of working life, even if refired)
HOUSEWITE Va. Homemaker Unde 0 Was the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME direct 3 Samuel Norris RAche1 Hurlev assistant eath 0 kind; 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT ADDRESS or final (Yes, no or unknown) [lif yes, give war or dales of service) SECURITY NO. attendance Saluda, Va. Bristow - Faulkner Ō No any pronounced 18. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Also, DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH fracture (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF: the chief medical examiner examiner. regular injusy at camplication which caused death.) ANTECEDENT CAUSES who are 4 DISEASES OR CONDITIONS, if any, giving DUE TO. OR AS & CONSEQUENCE ල rise to the above cause (A) stating the physician before the remains UNDERLYING CONDITION last medical burns; Was 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING No physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) (2) Body 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) the 208 IF YES, WERE FINDINGS CONSIDERED 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? by 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg, INJURY OCCUR? where (If in Boltimore City, give exact location) to the hospital MEDICAL DEATH (notify medical examined any nature; by (except w be obtained 21D. TIME (Month) (Day) (Year) (Hous 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? approved Not While While At (APPROX.) Work At Work 22. I certify that (I) (this spire!) attended the deceased from that (1) (we) last saw the deceased alive an. death) 19.75 of and that in (my) (our) apinion death occurred an the date hospital the body was released and hour and fram the causes stated above. (1) (We) (did nat) view the bady after death. must An accident 23A. SIGNATURE 23 B. DATE SIGNED Attending | Med. Shaff Phys. 0 written approval Phys. Director 8 23C. PHYSICIAN'S prior NAME (Type) Albert 23D. ADDRESS ŧ В. Bradley 4900 Belair Road, Baltimore, Maryland DEGREE 24A BURIAL CREMATION, 24B DATE REMOVAL (Specify)
BUT1al July eceased 24C. NAME OF CEMETERY OF CREMATORY (City, town, or county) 0.0 Deltaville, (State) July 31,72 Norris Cemetry shows Mas 25A. DATE REC'D BY HEALTH DEPT. 258, NAME OF ENGINEE 25C. FUNERAL DIRECTOR 4107 Wilkens Ave. Howard H. Hubbard Balto. Maryland VS 150-REV. 1/1/68



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	4-635			HEALTH DEPARTMENT	REG. NO.	72 07239
		2 0723	39 CERTIFICA	TE OF DEATH	STA	TE OF MARYLAND-DHMR
	Pe or Print)	RTMAN	ALBERT	- 1	29 72 ar	
3.	PLACE IN BALTIMORE, MARYLA	ND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (W. A. STATE B. CO.	here deceased lived. If	institution: residence before admission)
FU	LL NAME OF (IF NOT IN	HOSPITAL OR IN	NSTITUTION, GIVE STREET			NNE ARUNDEL
HO	OSPITAL OR ADDRESS OF	R LOCATION)	TOTAL DIRECTION	C. CITY OR TOWN		SIDE CITY LIMITS?
	1.		0055001	Glen Burn		YES NO X
	SOUTH BAL		GENERAL	E. STREET AND NUMBER		0.1
		1403P1	747	708.	WILLIAMS	Rd (FERNOALE)
5.	MAL Whit	7- MARI	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Il Under 1 Yr. Il Under 24 Hrs. Months Days Hours Min.
104	LUSUAL OCCUPATION (Give kind	of work 10B, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or G	preign country)	12. CITIZEN OF WHAT COUNTRY?
don	e during most of working life, even If s RFTRED.	-	C COACT CHAND	maan	LAND.	1.51
13.	FATHER'S NAME	1 0.	S.COAST GUARD	14. MOTHER'S MAIDEN N		USA.
	ALM		> HARTMAN		THERINE	ROKOWSKY
15. (Ye	Was Deceased Ever In U. S. Am s,no or unknown) (I(yes, give war	red Forces? or dates al servi	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	YES WW 1		216,10,3693	MARTE C	HARTMAN (wi	Fal COME OF # 1.
	18. lafe I lafe		CAUSE OF DEAT	A A TO	THICITIAN (WI	APPROXIMATE INTERVAL
	DISEASE OF CONDITIO			Arthic Ste	mosis	BETWEEN ONSET AND DEATH
	LEADING TO D	11111	(A) IMMEDIATE CAU	SE 1th port 1 97	m. C.V.	7
	This does not mean the man heart failure, ashenia, etc. It		e.g., DHE TO OP AS	A CONSEQUENCE OF:	- 0	
	injury or camplication which o	oused deoth.)	Gen	enhized all	wielen	-
	ANTECEDENT CA	AUSES	(8)	PENTORRUAGI	C DIATHE	318.
	DISEASES OR CONDITIONS	, if ony, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:	***************************************	
	rise to the obove couse UNDERLYING CONDITION to		(c) P	eluman e	dema	
	11		(0)			
TION	OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE	D TO THE TERMIN	NG NAL			
CERTIFICATION	DISEASE OF CONDITION GIVEN 19A-DATE OF OPERATION 198	CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
CE	21A. ACCIDENT WAS UNDERLY	ING	218 PLACE OF INJURY (e.g., in		Of to Boltima	re City, give exact lecation)
CAL	OR CONTRIBUTING CAUSE C DEATH Inotify medical examined	i i	home, torm, factory, street, of	fice bldg. INJURY OCCUR?	a in commo	ire city, give exact accition;
MEDI	21 D. TIME (Month) (Day) OF INJURY	(Yeor) (Hous)	21E INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
2	(APPROX)		While At Work At Work			
	22. I certify that (I) (this ho	spital) attend			10 77 4- 3	= 29Am 7-29-1971
	that (I) (we) lost saw the de	ceased alive	an 7:29 Am 7	29-19 72 ond	that In (my) (our) op	Inlon death accurred on the date
	and hour ond from the cause	s stated abov	e. (1) (We) fdld) (did not) v	lew the body after death	i.	
	23A. SIGNATURE	wt/	1A/4:13.MD.			23B, DATE SIGNED
		M: W	DEGREE Phys	nding Med. Director	Shaff Phys.	7-29-72-
	23C. PHYSICIAN'S NAME (Type)	THAN M	ynt. m.T	3D. ADDRESS		
24A	BURIAL CREMATION, 248, DA	TE 240	DEGREE C. NAME of CEMETERY OF CRE	MATORY 124D.	LOCATION (C	ily, lawn, or county) (State)
	ENTOMBMENT AUG		ORRAINE MARK		BALTIMORE .	MARY LAND
25A	DATE REC'D BY HEALTH DEPT		NE OF LEASTON	0		
	NUG 1 1972 💛	idney X	20	25C/FUNERAL BURECK	1 31 MG	LETON FÖRERAL HOME LEN BURNIE , MARYANI
VS	150-REV. 1/1/68			4 9		

5-6-1895 77

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110	BALTIMORE CI	TY HEALTH DEPARTMENT
8	IRTH NO. 72 07240 CERTIFICA	ATE OF DEATH REG. NO. 72 07240
	NAME OF DECEASED ype or Print)	2. DATE AND HOUR OF BEATH
3	PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A, STATE B, COUNTY
> 11.6	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	Bolton Nill NURSing Hon	E. STREET AND NUMBER
	400 John St.	453 Opkton Road
5.	6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yours If Under 1 1 %. If Under 24 Hrs. Months; Doys Hours; Min.
10	MIDOWED W DIVORCED LANGUAGE OF MIDOWED LANGUAG	1 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
de	Housewife (ret.)	West Virginia U.S.A.
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15	George Hartley Was Deceosed Ever in U. S. Armed Forces? es,no or unknown) [lif yes, give wor or dolos of sorvice] SECURITY NO.	Ada Gibson
(Y		Mrs. Betty Jean Hood , Same As #4
\parallel	18. 4 X 1 CAUSE OF DEA	THE THE PARTY OF T
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Place BETWEEN ONSET AND DEATH
	(A)IMMEDIATE CA	AUSE MELLIM ON 1113 Several days
	injury or complication which coused deoth.)	
	DISEASES OR CONDITIONS, if ony, giving (B) DUE TO, OR A	S A CONSEQUENCE OF:
	inse to the above cause (A) staling the UNDERLYING CONDITION tost. (C)	
2	11	
ATTON	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	rkinsons Disease Devenlyp
CERTIFIC	19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yos of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CAL	OR CONTRIBUTING CAUSE OF home, form, loctory, sheet,	in or obout 21 C. WHERE DID (If in Boltimore City, give exect location) office bldg., INJURY OCCUR?
MEDI	21D-TIME (Manth) (Doy) (Year) (Hour) 21E INJURY OCCURRED OF INJURY (APPROX.) While At Not White At Work	
	22. I certify that (I) (this hospital) attended the deceased fram	
	that (i) (we) last saw the deceased alive on 29	19 22 and that in (my) (our) opinion death accurred an the date
	and haur and fram the causes stated abave. (I) (We) (did) (did not)	view the bady after death. 238, DATE SIGNED
	Physical Phy	ending Med. Staff Th
	23C. PHYSICIAM'S NAME (Type) E. Ellsworth Cook MD	243 / Mary and An
24	A. BURIAL CREMATION, 24B, DATE 24C, NAME of CEMETERY OF CR	
	Burial Aug. 2/72 Mount Isreal	Preston County, W.Val
25	AUG 1 1972 25R NAME OF REDISTAR	Singleton Funeral Home
VS	150-REV. 1/1/68	Glen Burnie, Md.

 \times 1. The star seems E3 86 E2 ver the last very last terms.

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

1	(100)					BALTIMORE C	ITY HEA	LTH DEPARTMEN	NT		,	72	072		
	TH NO.		72	0724	1	CERTIFIC	ATE	OF DEAT		REG.	TE OF	MABS	LAND	DIMI	
	AME OF DE		CALIVEE	011		A 1 DEO	200			HOUR OF		1			
3.	PLACE IN BA	ALTIMORE, MA		HERE PRON			14, U	SUAL RESIDENCE	(Where COUNTY	deceosed liv	1972 red. If inst	itution; re	2 esidence b		M.
HC	LL NAME OF	ADDRE	SS OR LOCA	ATION)	= 1	GIVE STREET		MARYLAND ITY OR TOWN	1	NNE A	D. INSID			21122	
1	10	ST AGI CATON				MIES		PASADENA	1 1			YES	N		
	10			MARYL	AND	21229		BOX 454A	BER	RFO	3 (GREE	N HA	/EN)	
5. \$	EX	6. RACE		7. MARRIED	D NE	VER MARRIED	XXB. DA	TE OF BIRTH		AGE (In yes	ors	If Unde Months	Days H	Under 24 H	Hrs.
MA		CAUCAS	W	WIDOWET		DIVORCED [05/10/18	3	51	4				
		CUPATION (Giv of working life, ev		10B, KIND C	OF BUSIN	NESS OR INDUS	TRY 11. B	IRTHPLACE (State of	ar fareign	cauntry)		12. CITI	ZEN OF W	HAT COUN	TRY?
	STOCK	CLERK		AUTO) PAF	RTS		MARYLAN				U	.S.A.		
13.	FATHER'S NA	AME					14. N	OTHER'S MAIDE	NNAME						
		ON SAW						LILLIAN	BA	LEY					
15. (Yes		ed Ever in U. S vn) (If yes, give		ces? es af service)	16.50	COLAL ECURITY NO.	17. IN	FORMANT	DALS	-0.10	0100		ADDRESS		
	YES					8-10-28	81 5	T AGNES!	BALI	ORDS	CATO	IN E	WIII	CENS A	VES
	18. // /	2.2				CAUSE OF DE		1 . 011420	1166	A	0, 1	1		MATE INTERVA	
	DISE	ASE OR CON		RECTLY		De	Um	ronary	e	deno	a l	7 3	DET WEEK O	THE PART OF	~ · · ·
	(This does	nat mean Ih		dvina e a		(A) IMMEDIATE	CAU5E	1							
	heart failure	e, asthenia, et	c. Il means	the disease		DUE TO, OR	AS A CON	ISEQUENCE OF:V	A						
	injury at co	amplication wh				Herr	oste	MALLIE CO	andi	MARAGE		1			
		ANTECEDEN	IT CAUSES												
						(B)				dise	000				
		OR CONDIT	TIONS, if	any, givin		(B) DUE TO, OR	AS A CO	NSEQUENCE OF:		dise	ase		~~~~		
	rise to t	OR CONDIT	TIONS, if cause (A)	any, givin		(B) DUE TO, OR	AS A CO			dise	ase				
	rise to t	the above o	TIONS, if cause (A) DN last.	any, givin		DUE TO, OR	AS A CO			dise	ase				
NOI	rise to t UNDERLYIN	the abave on the condition of the condit	TIONS, if cause (A) ON last.	any, giving the stating the NTRIBUTING	ie 3	DUE TO, OR	AS A CO			dise	ase				···
CATION	OTHER SIGN TO THE DE	the abave on the condition of the condit	TIONS, if cause (A) ON last. DITIONS CORLEGATED TO THE CONTRACTOR OF THE CONTRACTOR	any, giving the stating the NTRIBUTING HE TERMINAL IT I (A).	ie S	(C)		NSEQUENCE OF:					CONSIDE	2050	
U	OTHER SIGN TO THE DE	the abave on the condition of the condit	TIONS, if cause (A) ON last. DITIONS CORLEGATED TO THE CONTRACTOR OF THE CONTRACTOR	any, giving stating the NTRIBUTING HE TERMINAL LT 1 (A).	ie S	DUE TO, OR		NSEQUENCE OF:	or No)		WERE FIL	NDINGS	CONSIDE DEATH?	RED	
	OTHER SIGN TO THE DE, DISEASE OR 19A. DATE O	the abave of NG CONDITION IN THE NAME OF T	IONS, if cause (A) ON last. DITIONS CO ELELATED TO T IVEN IN PAR WAS PERI DERLYING	any, givin- stating th NTRIBUTING HE TERMINAL IT I (A). DITTON FOR	R WHICH	(C)	g, in or o	DA. AUTOPSY? (Yes YES	or No)	20B, IF YES,	, WERE FI	NDINGS SES OF	CONSIDE DEATH?		
AL CERTIFIC	OTHER SIGN TO THE DE, DISEASE OR 19A. DATE OF	the abave of NG CONDITION III	DITIONS, if cause (A) ON last, DITIONS CO LELATED TO THE CON WAS PERI DERLYING USE OF	any, givin, staling the staling the staling the staling the staling the staling stalin	R WHICH	(C)	g, in or o	DA. AUTOPSY? (Yes	or No)	20B, IF YES,	, WERE FI	NDINGS SES OF	DEATH?		
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CAL CERTIFIC	OTHER SIGN TO THE DE, DISEASE OR 19A. DATE OR CONTRIDEATH (notice)	HE abave of CONDITION INFICANT CONDITION CONDITION GO OF OPERATION PENT WAS UNBUTING CA	DITIONS, if cause (A) ON last, DITIONS CO LELATED TO THE CON WAS PERI DERLYING USE OF	any, givin- staling th NTRIBUTING HE TERMINAL IT 1 (A). DIDITION FOR FORMED 21 he et (Haun) 21	IB. PLAC ame, farm tc.) TE. INJU While At	(C) I OPERATION E OF INJURY (e. n., factory, street	.g., in ar al t, affice bl	DA. AUTOPSY? (Yes YES	or No)	20B. IF YES, IN CERTIFYI	WERE FII NG CAU	NDINGS SES OF	DEATH?		
MEDICAL CERTIFIC	OTHER SIGN TO THE DE, DISEASE OR 19A. ACCID OR CONTRIBEATH (notice of injury (APPROX.)	the abave of NG CONDITION ATH BUT NOT R CONDITION G OF OPERATION DENT WAS UN BUTING CA (Manth) (C	DITIONS, if cause (A) ON last. DITIONS CO ELLATED TO THE IN PAR IN 198. CON WAS PERI DERLYING USE OF miner) Day) (Year)	any, givin- staling th NTRIBUTING HE TERMINAL IT I (A). IDITION FOR FORMED (Haun) 21 W W	IB. PLAC ome, form	OPERATION E OF INJURY (e. n., factory, street RY OCCURRED Not N AI W	g, in ar al al, affice bl	OA. AUTOPSY? (Yes YES bout 21C. WHERE Eldg., INJURY OCCI	or No) DID UR?	20B. IF YES, IN CERTIFYI (If in	, WERE FII NG CAU Baltimare	NDINGS SES OF	DEATH?	atian)	
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written approval must be obtained before the remains are embalmed or final disposition is made. deceased prior to death); and (6) No physician was in regular attendance on the deceased

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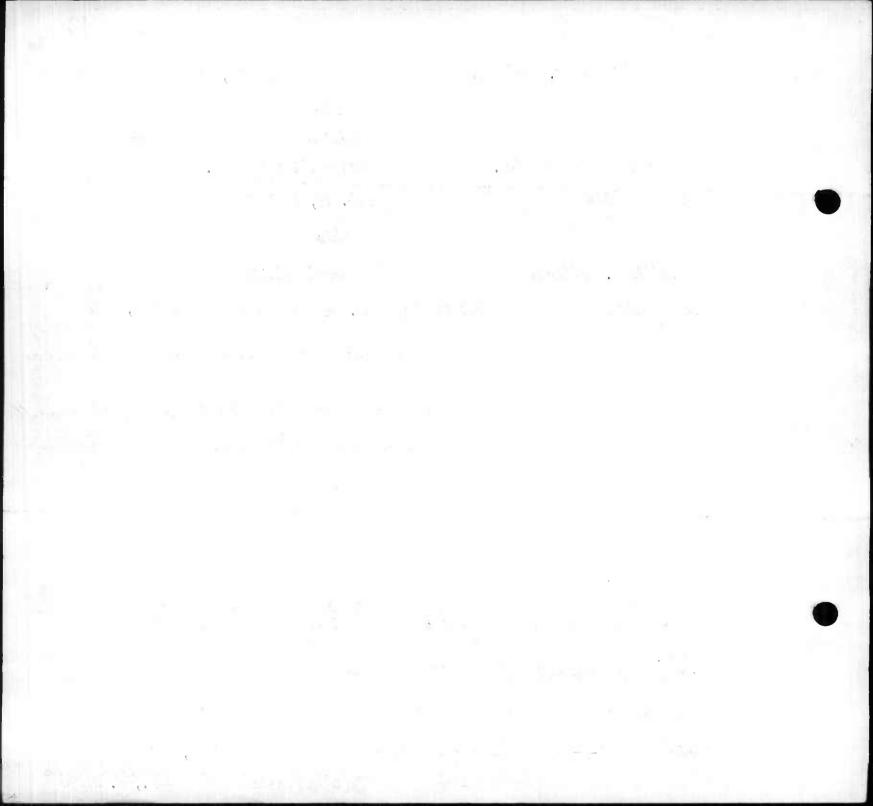
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		710000	W. Cesk	mous Ph	ending _	Director	Staff Phys.		7/	26/72	

23C. PHYSICIAN'S NAME (Type) ROBERT 23D. ADDRESS ALTIMORE 21229 MD W. ASHMORE, M.D. HOSPITAL ST AGNES TON & WILKENS CATON 24A. BURIAL CREMATION, REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY Glen Burnie, Maryland Burial 7/28/1972
25A. DATE REC'D BY HEALTH PEPT. 258.N. Glen Haven Schwab 3512 Frederick Ave. 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Truman VS 150-REV. 1/1/68

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BALTIMORE CITY HEALTH DEPARTMENT 72 67243 72 07243 CERTIFICATE OF DEATH of death Deceased BIRTH NO. OF MARYLAND-DHWH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH 0 (Type or Print) hospital July 29, 1972 10. A M
4. USUAL RESIDENCE Where deceased lived, If institution residence before admission)
A. STATE B. COUNTY of 3. PLACE IN BALTIMORE MARYLAND ance (2) cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Maryland etermined cause; attend C. CITY OR TOWN 0 8 D. INSIDE CITY LIMITS? Baltimore YESXX NO prior contributing E. STREET AND NUMBER occurred 681 Washington Blvd. 681 Washington Blvd. מי 5. SEX MARRIED NEVER MARRIED 9. AGE (In years regul Il Under 1 Yr. Il Under 24 Hrs. deceased less birthdoy Male 19. WIDOWED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote of foreign country) 12. CITIZEN OF WHAT COUNTRY? Ë done during most of working life, even if retired) (4) Und USA Was the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME direct Hazel Pollitt Tillis A. Sullivan death 0 15. Was Deceased Ever in U. S. Armed Forces? 1 6. SOCIAL ADDRESS yes, give wor or doles of service) SECURITY NO. 94 14 4489 ance Yes Greenfield, Ohio Mrs. George Thomas any pronounced 9 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH attend DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not meon the mode of dying, e.g., DUE TO. OR AS A CONSEQUENCE OF heort foilure, osthenia, etc. It means the disease, injury ar complication which caused death.) regular ANTECEDENT CAUSES who are 4 DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the 5 physician UNDERLYING CONDITION last the remains Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the 8 WAS PERFORMED before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where 218. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exoct location) °N to the hospital MEDICAL DEATH (notify medical examined) any nature; obtained 21 D. TIME (Month) (Doy) (Year) 9 (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (except Not While While At (APPROX.) and At Work 22. I certify that (1) (this hospital) attended the deceased from pe that (f) (we) last saw the deceased alive on... and that In(my) (our) apinion death occurred on the date hospital eath) and hour and fram the causes stated above. (1) (We) (titd) (did not) view the body after death. must 23A, SIGNATURE 238, DATE SIGNED 7 Attending 0 approval Phys. ata 28 C PHYSICIAN'S NAME (Type) prior 23 D. ADDRESS 1227 WASH. D.O.A. 24A. BURIAL CREMATION, 24B. DATE deceased 24C. NAME of CEMETERY OF CREMATOR the body 24D. LOCATION (City, town, or county) Greenfield (emetery 25A. DATE REC'D BY HEALTH DE Ly Funeral Home Balto. Ma. 21230

(Stote)



ASSOCIATE MEDICAL EXAMINER

25C. FUNERAL DIRECTOR

24D. LOCATION

BALTIMORE, MARYLAND

SOL LEVINSON & BROS. 6010 REISTERSTOWN ROAD

July 27, 1972

(Stote)

(City, town, or county)

ADDRESS

EXAMINER'S

NAME (Type)

24A. BURIAL CREMATION.

25A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)
BURIAL

VS 151-REV. 1/1/68

Marvin S. Platt, M.D.

24C. NAME of CEMETERY or CREMATORY

BNAI JACOB

258. NAME OF REGISTRAR

248. DATE

7/30/72

272-31-100 DATE OF THE PROPERTY OF THE PARTY OF THE PAR BURNATUR OF AN . POWER BY PRINTED AND

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT 72 07245 CERTIFICATE OF DEATH on the and Deceased death I.NAME OF DECEASED DATE AND HOUR (Type or Print) 8 hospital 2 death. of 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) ance B. COUNTY (2) cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) **MARY LAND** attend C. CITY OR TOWN etermined cause; 10 D. INSIDE CITY LIMITS? O BALTIMORE SINAI HOSPITAL YES prior contributing E. STREET AND NUMBER occurred 70 made 2500 W. BELVEDERE AVENUE, APT. 5. SEX MARRIED Y NEVER MARRIED B. DATE OF BIRTH 9. AGE (in years deceased If Under 1 Yr. gul Male lost highdow Months Doys XX WHITE WIDOWED DIVORCED 91 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote of foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition = done during most of working tife, even if retired) Dud 0 RUSSIA MERCHAN'T RETAIL SD the 14. MOTHER'S MAIDEN NAME 4 3 NORMAN GROSSMAN RACHAEL eath no 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) [If yes, give wor or dotes of service) kind; 17. INFORMANT 6. SOCIAL final SECURITY NO. gnce ŏ 218-32-1786A MR. ISADORE GROSSMAN, 3409 ROSEDALE ROAD #15 any T 1B. 10 CAUSE OF DEATH pronounce attend DISEASE OR CONDITION DIRECTLY Imed of LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not meon the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE bal hearl failure, asthenia, etc. It means the disease, 2 injury or complication which caused death.) emi gul ANTECEDENT CAUSES who 9 are 4 DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) stating the physician UNDERLYING CONDITION last remains WOS П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). the (2) Body the 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 0 efore 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR? °Z to the hospital MEDICAL DEATH (notify medical examined) any nature; Ď. obtained OF INJURY (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 9 21F. HOW DID INJURY OCCUR? approved (except Not While While At (APPROX.) and 22. I certify that (1) (this haspital) attended the deceased from un that (1) (we) last saw the deceased alive an. be ō hospital death) and haur and from the causes stated above. (1) (We) (AD) (did not) view the bady after death. he body was released hows: (1) An accident must 23A. SIGN AT URE Attending 🔀 9 pproval Phys. Director O 23C. PHYSICIAN'S NAME (Type) prior 23D. ADDRESS at 24A. BURIAL CREMATION, 24B. DATE eceased 0 24C. NAME of CEMETERY OF CREMATORY D.0 24D. LOCATION written BURIAL 7/30/72 OHEL YAKOV Was 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR

20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct location) and that In (my) (our) opinion death accurred an the date 23 B. DATE SIGNED (City, town, or county) BALTIMORE, MARYLAND SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD

NO [

211

Hours

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

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00				1190 W.N	ORTHERN PKWY	. # 2 1210	
S. SEX	6. RACE	7- MARRIED	NEVER MARRIED XX	B. DATE OF BIRTH	9. AGE (In years lost birthday)	s I(Under Manths: I	Yr. If Under 24 H
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GENERAL 13. FATHER'S N	MANGER	HDRSE	STABLES	RUSSIA	EN NAME	U.S.	Α.
	N BARSHACK			PEARL KI			
	ed Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT	THE		ADDRESS
(Yes, no or unknow	vn) (If yes, give wor or do	es of service)	SECURITY NO.				
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DISEASES rise to UNDERLYII	amplication which cause ANTECEDENT CAUSE OR CONDITIONS, if the abave cause (A) NG CONDITION last, II WIFICANT CONDITIONS CO	staling the	(B)	A CONSEQUENCE OF	from pair	unes	
	OF OPERATION 19B. COLUMN PA		WHICH OPERATION	20 A. AUTOPSY? (Ye	IN CERTIFYIN	WERE FINDINGS OF D	
OR CONTRI	DENT WAS UNDERLYING BUTING CAUSE OF	21 E hon etc.	B. PLACE OF INJURY (e.g., i ne, form, foctory, street, of)	n or obout 21 C. WHERE fice bldg., INJURY OC	DID ((f in B	altimare City, give	exoct (acotian)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor		INJURY OCCURRED ii(e At Not While At Wark	e \square	DID INJURY OCCUR?		
22. 1 certi	fy that (1) (this hospits	1) attended t	he deceased from		1962 ta	-7/27	خ ر 19
	e) last saw the deceas		7/26	19 11.284	and that in (my) (ab	apinian death	accurred an the a
23A. SIGNA	Honard 4	oted abaye. (1) (We) (did) (did not) v	nding Med.	death.	23B. DATE	
NAME	(Type)	D LISTE	2		HEIGHTS AVEN	NUE	
24A. BURIAL CI REMOVAL BURIAL	REMATION, 24B. DATE	24C. N	AME OF CEMETERY OF CRI	MATORY	BALTIMORE,	(City, town, or	county) (State
	D BY HEALTH DEPM			2SC. FUNERAL DI			ADDRESS

VS 150-REV. 1/1/6B

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BUSINESS PRODUCTIONS TO STATE OF THE PARTY O

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BREAD TO COMPANY ASSESSMENT OF THE PROPERTY OF

1. N		1/-	U/44/	CERTIFICA	TE OF DEATH	REG. NO.	72 07247
(Tvn	TH NO.			CLKTITICA	TE OF DEATH	AND HOUR OF DEATH	E OF MARYLAND-DHM
	PLACE IN BAL	TIMORE, MARYLAND, W	WHERE PRONO		4. USUAL RESIDENCE (W. A. STATE 8. COL		3:45 P
FU I HO IN S	LL NAME OF SPITAL OR TITUTION	ADDRESS OR LOC	ATION)	UTION, GIVE STREET	MARYLAND C. CITY OR TOWN		IDE CITY LIMITS?
	6626 V	INCENT LANE,	APT. 20	01	BALTIMORE E. STREET AND NUMBER	A PART A A PART	YES NO
5. S	EX	6. RACE	7. MADDIED V	X NEVER MARRIED	8. DATE OF BIRTH	NT LANE, APT	If Under 1 Yr., If Under 24
10A.	MALE USUAL OCCU		WIDOWED	DIVORCED	12/10/1897	lost birthdoy) 74	Months Doys Hours M
	PRINTE		SELF E	EMPLOYED	RUSSIA		USA
		M J. MARGOLI			RACHAEL	?	
1S. V (Yes	Was Deceosed ,no or unknown)	(If yes, give war or dote	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	(This does in heart foilure, injury or com	LEADING TO DEATH of meen the mode of osthenia, etc. It meons application which caused ANTECEDENT CAUSES OR CONDITIONS, if e above couse (A) of CONDITION last.	the diseose, death.)	DUE TO, OR AS	USE CARCIPO. A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF:	lonic	17 ear
CAL CERTIF	TO THE DEAT DISEASE OR C 19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify	II ICANT CONDITIONS CO H BUT NOT RELATED TO 1 ONDITION GIVEN IN PA OPERATION 178. CON WAS PER	THE TERMINAL RT 1 (A). NOTION FOR VEFORMED 218. hom efc.)	PLACE OF INJURY (e.g., e, form, factory, street, o	20 A. AUTOPSY? (Yes or or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
DICAL CERTIFI	TO THE DEAT DISEASE OR C 19A. DATE OF 21A. ACCIDEN OR CONTRIBU	II ICANT CONDITIONS CO H BUT NOT RELATED TO 1 ONDITION GIVEN IN PAR OPERATION 198. CON WAS PER WAS UNDERLYING DING CAUSE OF	(Hour) 21E.	WHICH OPERATION PLACE OF INJURY (e.g., or, form, foctory, street, or injury occurred INJURY OCCURRED INJURY OCCURRED Not Whi	iff or obout 21C, WHERE DID fiffice bidg., INJURY OCCUR?	IN CERTIFYING CA	re City, give exact location)
MEDICAL CERTIFI	TO THE DEAT DISEASE OR C. 19A. DATE OF 21A. (CCIDEN OR CONTRIBUDEATH (notify (APPROX.))	II ICANT CONDITIONS CO H BUT NOT RELATED TO TO ONDITION GIVEN IN PAI OPERATION 198. COM WAS PER TWAS UNDERLYING UNDERLYING CAUSE OF medicol exominer) (Month) (Doy) (Year) that (I) (this hospital plast saw the decease If from the causes sta RE ME MATION, 1248. DATE	HE TERMINAL RIT I (A). NOTION FOR V IFORMED 218. hom etc.) (Hour) 21E. Whi Woi 1) attended the dalive an ted bave. (I	WHICH OPERATION PLACE OF INJURY (e.g., e., form, factory, street, o) INJURY OCCURRED The At Work The deceased fram OEGREE Ath OEGREE	21F. HOW DID II IN CERTIFYING CA	USES OF DEATH?	

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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was in regular attendance on the death. Such occurred in a hospital and deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to written approval must be obtained before the remains are embalmed or final disposition is made. approved by the chief medical examiner or his assistant if death death was D.O.A. at a hospital (except where the physician who pronounced This certificate must be

12 07248 CERTIFICATE OF DEATH	72 07248
BIRTH NO. CERTIFICATE OF DEATH	REG. NO.
1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR	OF DEATH
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where decease A, STATE B, COUNTY	ed lived. Il institution, residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN	D. INSIDE CITY LIMITS?
SIMAI HOSP & BALTIMORE BALTIMORE	YES NO
4333 Greath	eights Rd. #15
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. II Under 24 Hrs.
TEMALE WIDOWED WAY DIVORCED WXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	74
done during most of working life, even if retired)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE AT HOME LITHUANIA	USA
ISADORE HURWITZ 14. MOTHER'S MAIDEN NAME CHIA ?	
15. Was Deceased Sure in U.S. Armed Sance? 12.5 COCIAL 17 DECEASE	ADDRESS
(Yes, no or unknown) (If yes, give wer or dotes of service) SECURITY NO.	
NO 218-03-3865 MRS. MARY KESSEL, 43	333 CREST HGHTS RD #21215
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH (A) IMMEDIATE CAUSE UREMIA	
(This does not moon the mode of dying, e.g., hoort failure, osthemia, etc. it means the disease, injury at camplication which caused death.)	
ANTECEDENT CAUSES ON DIRECTES MELLIT	w
DISEASES OR CONDITIONS, if any, giving nise to the above cause (A) stoling the UNDERLYING CONDITION last.	
(V)	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	Coopely
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF	YES, WERE FINDINGS CONSIDERED
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, form, foctory, stroot, office bldg., INJURY OCCUR?	(If in Boltimore City, give exoct location)
21D. TIME (Month) (Doy) (Yeor (Hour 21E, INJURY OCCURRED 21F. HOW DID INJURY OCC	UR?
(APPROX.) While At Not While C	
20 1 24 4 40 41 11 11	to 7/30/ 192
) (our) opinion death occurred on the date
and haur and from the causes stated above. (1) (We) (did) (did not) view the body ofter death.	
23A. SIGNATURE	23 B. DATE SIGNED
Attending Med. Stoff Phys.	7130172
Polod	growthal of Baltinge
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION	(City, town, or county) (Stotel
	RE, MARYLAND

25C. FUNERAL DIRECTOR ADDRESS SOL DEVINSON & BROS.,6010 REISTERSTOWN ROAD VS 150-REV. 1/1/68

THE P. P. P. LEWIS CO., LANSING, MICH.

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Figure Committee See and Committee

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BIRTH NO.	ME	DICAL	EXAMINER'S	CERTIFIC	CATE OF	DEAT	H REG. NO	12	07249
1. NAME OF DECEASED (Type or Print) ROBERT **ROBERT** ROBERT** **ROBERT** *				2. DATE OF DEATH	Known Estimoted	Manth	Day	Year	Haur M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)			3. DATE	INCED DEAD	7 Month	29 ^{Day}	19 ^{Yeor}	1:25p	
OR INSTITUTION	1701 Russel	1 St.		5. USUAL RI A. STATE	Md.		ed. If institution: B. COUNTY	residence l	befare admission)
6. SEX	7. RACE	B. MARRIE	D XXNEVER MARRIED	C. CITY OR	TOWN	47.7.10	D. INSIDE CIT	Y LIMITS?	
male	white	WIDOWE	DIVORCED	E CYDELY A	Balto ND NUMBER	•	YE	s 💍	NO
JULY 4, 1	lost birth	(In years	If Under 1 Yr. If Under 24 Hrs. Aonths: Doys: Hours: Min.		217 Sulbr	ook Lai	ne		
	MORE, MARYLA		2. CITIZEN OF WHAT COUNTRY? USA	13. FATHER	ON JACOB	HABELS	ON		
4A.USUAL OCCL	IPATION (Give kind of we	ork 14B. KIND	OF BUSINESS OR INDUSTRY						
SALES	working life, even if retire SMAN		ISEWARE	LE	NA SIEGEI				
16. WAS DECEAS	ED EVER IN U.S. ARM	ED FORCES?		18. INFORM		-	AD	DRESS	
NO NO	(If yes, give war ar dat	es of service)	216-03-7607	MRS. H	ATTIE HAR	BELSON.	217 SUI	BROOK	LANE #2120
19. 11 1 1	11.		CAUSE OF DEA	TH				AF	PROXIMATE INTERVAL
DISEAS	E OR CONDITION DI	RECTLY	Arterios	cleroti	c cardiov	rascula	r diseas	e BETW	EEN ONSET AND DEATH
(Th:	LEADING TO DEATH	distance in a	(A)IMMEDIATE C						
heart foilure	eat meon the made of e, asthenia, etc. It meons application which coused	the diseose,	DUE TO, OR	AS A CONSEQ	UENCE OF:				
Α.	NTECEDENT CAUSES		(n)						
DISEASES RISE TO TH	OR CONDITIONS, IF A	TATING THE	DUE TO, OR	AS A CONSE	QUENCE OF:		. # # # # # # # # # # # # # # # # # # #		
Z	NG CONDITION LAS		(C)						
O TO THE DE	II VIFICANT CONDITIONS ATH BUT NOT RELATED	TO THE TERMIN							1.54
20A. DATE O	F OPERATION 20B. C		OR WHICH OPERATION W	AS PERFORM	ED				PSY? (Yes ar Na)
1/									yes
UNDERLYING	NAL CAUSE WAS OF OR CONTRIB-	2 h	2B. PLACE OF INJURY (e.g., ome, form, factory, street, affic	in ar about 2 e bldg., etc.)	2C. WHERE DID NJURY OCCUR?	(If in Baltimar	re City, give exac	t lacation)	
22D. TIME OF INJURY (APPROX.)		ear) (Hour)	WHILE AT NOT	WHILE 2	2F. HOW DID IN	IJURY OCCI	JR?		
23.	tify that I held on	Inquiry		topsy 🔀	and that an i	bie basis	death in my	ninian	
	ted from: Natural c		_		micide		ned monner	7	
ACTUAL	7044		100 .		CHIEF MEDICAL				DATE SIGNED
SIGNAT	/ 114 /	un	1 Catt M.D	ASSI	STANT MEDICAL	EXAMINER	K		
EXAMIN NAME (36	in S. I	Platt, M.D.	ASSC	CIATE MEDICAL	EXAMINER			7-30-72
24A. BURIAL CRE REMOVAL (Spec BURIA)	ify)		24C. NAME of CEMETERY MIKRO KODESH	or CREMATO		LOCATION	(City, town,) (State)
25A. DATE REC'D		25B NA		1	UNERAL DIRECT	OR	AI	DRESS	The complete is a
AUGI	1312 /~/	1	7 22 0 000	SOI	LEVINSON	N & BRO	S.,6010	REIST	ERSTOWN RO
/S 151-REV. 1/1/6	8		Manual Control of the	U 64					

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TROUSENAPE

216-03-7607 HES, INTELL HARLESON, 217 SCHOROOK GAVIE 121200

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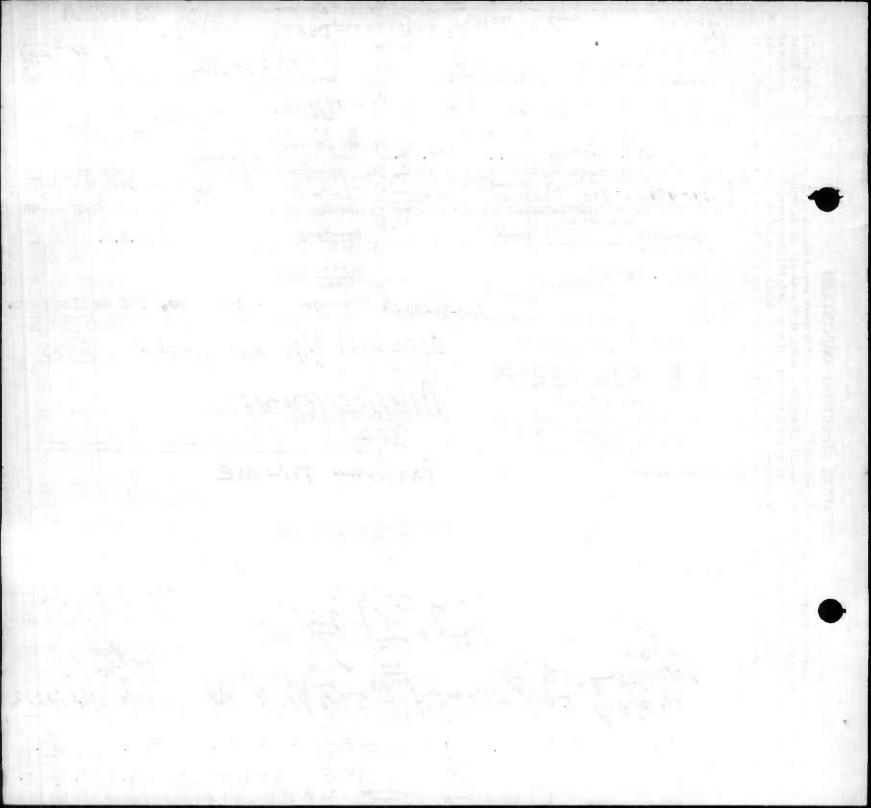
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BALITIFORE, MARTEAND

AND ANTICONOMINATION OF STREET AND A STREET A

This certificate must be approved by the chief medical examiner or his assistant if death octurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT	72 07250
H-415 72 0'7250 CERTIFICATE OF DEATH STATE	OF MARYLAND-DHMH
BIRTH NO. 1. NAME OF DECEASED 12. DATE AND HOUR OF DEA	DILDING.
(Type or Print) Marguerite Hilbinger 7-29-72	1 45 AM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	If institution: residence before admission)
FULL NAME OF (IF NOT IN HOSMTAL OR INSTITUTION, GIVE STREET HOSMTAL OR ADDRESS OR LOCATION) HOSMTAL OR ADDRESS OR LOCATION) D. 1	INSIDE CITY LIMITS?
Edgewood Nursing Home Baltimore	YES NO
70 6000 Bellona Ave., Balto.Md. E. STREET AND NUMBER 2717 Louise Avenue	
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years female with ite widowed divorced 12-4-94	If Under 1 Ye. If Under 24 Hrs. Months Days Hours Min.
IDA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State at foreign country)	12 CITIZEN OF WHAT COUNTRY?
Housewife Home Maryland	U.S.A.
13. FATHER'S NAME	Valuation
John V. Vorsteg Mollie Hays	
15. Was Decessed Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT SECURITY NO.	ADDRESS
No 163-99-4445B Edgewood Nursing Ho	me,6000 Bellona Av
18. L/ 2 / 9 1 CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	codent 2415
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease,	
injury or complication which caused death.)	
ANTECEDENT CAUSES (B) TRT4R10GC/4705/5	
DISEASES OR CONDITIONS, if any, giving isse to the above cause (A) stating the	
UNDERLYING CONDITION last (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OF CONDITION GIVEN IN PART 1 (A).	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPST? (Yes or No.) 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING! 1 (21B. PLACE OF INJURY (e.g., in or oboul2) G. WHERE DID (If in Bol)	CAUSES OF DEATH?
Lane Contracting Contract of the Interior of t	imore City, give exact location)
DEATH (nofify medical examine) 21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURED While At Not While	
While At Work At Work	4/20 00
22. I certify that (I) (this hospital) attended the deceased from	1/2/1/2
	apinion death accurred an the date
and hour and from the causes stated abave. (1) (We) (did not) view the body after death.	
23A. SIGNATURE	23B. DATE SIGNED
Attending Med. Staff Director Phys.	7/30/72
23C. PHYSICIANS + //DADA49A 23D. ADDRESS	0 11/2/1/1/20
HAMMONY F- CHIROLAH PROPER 3217 YORK VY	Baye masidix
24A. BURIAL CREMATION, 14B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION	(City, town, or county) (State)
Burial 8/1/72 St. John's Lutheran Cemetery Parkville	
25% DATE REC'D BY HEALTH DEFT. 1258, NAME OF RESISTRATE 125C. FUNERAL DIRECTOR	Balto. Md.
	ADDRESS 21236



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the

M BALTIMORE CITY HEALTH DEPART	MO GEORE
BIRTH NO. 72 07251 CERTIFICATE OF DEA	ACMINISTRATION OF A STATE OF THE STATE OF TH
1. NAME OF DECEASED (Type or Print)	DATE AND HOUR OF SEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDE	M. VCE (Wheel deceased lived, If institution: residence before admission) B. COUMTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Med.	2609
HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN	D. INSIDE CITY LIMITS? YES NO NO
00 3613 Hudson St. Bali	NUMBER //
361	
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED 1-24-1	9. AGE (In years If Under 1 Yr. If Under 24 His. Months Doys Hours Min.
	tote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Machinist Bethermship gard Mo	21. S. C.
13. FATHER'S NAME 14. MOTHER'S MA	AIDEN NAME Spangler
win. Morey mary	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 217-03-6877 (Information)	H. Molta 36/3 Hudren St
18. 7 5 2 / 1 CAUSE OF DEATH	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BEIWEEN ONSELAND DEATH
(This does not mean the mode of dying, e.g., (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE O	Jula Jula
heart failure, asthenia, etc. II means the disease, injury ar camplication which caused death.)	
ANTECEDENT CAUSES (5) Property 10	dness Lt.
DISEASES OR CONDITIONS, if any, giving (B) Calyuptic C	OF:
rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	respeciency ?
V DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994 DATE OF OPERATION 1998 CONDITION FOR WHICH OPERATION 2004 AUTOPSY?	
198. CONDITION FOR WHICH OPERATION 20 M. AUTOPSY?	IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHE home, form, foctory, street, office bldg., INJURY C etc.)	RE DID (If in Boltimore City, give exact location) OCCUR?
21D. TIME (Month) (Doy) (Yeer) (Hour) 21E. INJURY OCCURRED 21F. HOV	V DID INJURY OCCUR?
OF INJURY (APPROX.) While At Not While At Work	
22. I certify that (1) (this haspital) attended the descended from Fel. 6	1970 to July 3/ 1972
that (I) (we) last saw the deceased alive an July 27 1972	, F ,
and haur and from the causes stated above. (1) (We) (did not) view the body after	
28A. SIGNATURE	228 DATE SIGNED
Harrison Washing Med Phys. Med Direction of Phys.	
23C PHYSICIAN'S NAME (Type) 23D. ADDRESS	7 9
Jaca 11 Cachal MD. 127 (1	Cukling St Rollingone Mil
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specily).	24D. LOCATION (City, town, or county) (State)
Burial 8-3-12 Cak Lawn	Balto me
25A. DATE REC'D BY HEALTH DEBT. 25B. NAME OF REGISTRAR 25C, FUNERAL	M. Hoffmann 32/8 Hudson St.
AUGI 1912 Transylvhorron offelma	Il 10 main solo socialist
VS 150-REV. 1/1/68	· ·

Library & Street 3613 Hertenstoff . Dall. 3013 Hidanist The state of the s win the to may franch to the soul is optimized to the type of the fact of th

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

G-246 72 07252	BALTIMORE CITY	Y HEALTH DEPARTMENT 72 07252			
BIRTH NO. Butto G. M.d.	CERTIFICA	TE OF DEATH TEG. NO. STATE OF MARYLAND-DHM			
Type or Print BABY BOY GE	ESLER,	2. DATE AND HOUR OF DEATH 07-22-72 4:15 P	M.		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION)		A. STATE B. COUNTY MARYLAND BALTIMORE C. CITY OR TOWN	onl To		
INSTITUTION		JOPPA YES NO K			
THE JOHNS HOPKINS HUSPIT	TAL	E. STREET AND NUMBER 120 OLD CHURCH DR.			
5. SEX A L E WHITE WIDOWED N	DIVORCED	8. DATE OF BIRTH 7-22-72 9. AGE lin yeors If Under 1 Yr. If Under 24 H Months Doys Hours Min.	fS.		
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS done during most of working life, even if refired)	SINESS OR INDUSTRY	11. BIRTHPLACE ISlate or foreign country. 12. CITIZEN OF WHAT COUNT	RY?		
13 FATHER'S NAME THOMAS GIESLER,		ALICE GALL			
	SOCIAL SECURITY NO.	Thomas Liselar Joggsalown MA			
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	[6]	RENAL DISEASE 1d. RENAL DISEASE			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1	CH OPERATION	20A-AUTOPSYT (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
OR CONTRIBUTING TICALISE OF	CE OF INJURY Is. G., i	in or ebout 21C, WHERE DID (If In Boltimore City, give exect locotion) office bidg, INJURY OCCURY			
DEATH (notify medical examined etc.) DEATH (notify medical examined etc.) 21D. TIME IMonth) IDoy) (Year) IHour) OF INJURY IAPPROX.) Z1E INJURY Write A Work	URY OCCURRED	21F. HOW OLD INJURY OCCUR?	_		
Work	At Work				
22. I certify that (I) (this hospital) attended the d that (I) (we) lost saw the deceased alive on ond hour and fram the causes stated above. (I) (W 23A. SIGNATURE	eceased from 22	July 72 2 PM 19 to 22 July 72 4 PM 19 22 and that In (my) (our) opinion death occurred on the de	ate		
22. I certify that (I) (this hospital) attended the d that (I) (we) lost saw the deceased alive on ond hour and fram the causes stated above. (II) (W 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) STAULEY A, CONEN	(e) (dld) (did not) v	The state of the state of the state of the decented on the dec	ate		

2 #2 J L Y Y Y

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the

	חרים פרי	BALTIMORE CITY	HEALTH DEPARTMENT	P10 010	050		
	5-535 72 072	CERTIFICA	TE OF DEATH	reg. No. 72 07			
	BIRTH NO. 1, NAME OF DECEASED		2. DATE AND HO	UR OF DEATH	LAND-DIMIT		
	(Type of Print) SHENTON, WIL	LIAM. F.	5.30 PM, 7,25,72.				
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	The state of the s	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A, STATE B, COUNTY				
	FULL NAME OF (IF NOT IN HOSPITAL OR IN	CIVE STREET	Hd, U.S.A		8.54		
	FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	SITUTION, GIVE STREET	C. CITY OR TOWN D. INSIDE CITY LIMITS?				
	UNION MEMORIAL HI	CRITHI	BALTIMORE YES NO [
	MATON MENTONANC M	SOUTIFIC.	E. STREET AND NUMBER 532) BRABANT RD. BALTIMORE, MD, 21229.				
9							
mad	MAIR	NEVER MARRIED	Ola Icia lost bir	E (In years If Under 1 Months Do	Yr. Il Under 24 Hrs. ys Hours Min.		
S	MALE WHITE WIDOV			8 years, 1 -	OF WHAT COUNTRY?		
2	dane during most of working life, even if retired)	,					
sposition	RETIRED Office WOLK	Laundary	MARYLAND).	, S , A ,		
00	13. FATHER'S NAME	D- AI	14. MOTHER'S MAIDEN NAME	- 11 2/1			
ISF	James F. SHEN	1014.	FANNIE 7	PATLOR.			
0	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of servi	ce) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS		
final	No	215.05-3213	A. CHART		M.16		
or t	18. 3 4 1 X	CAUSE OF DEATI	1		PPROXIMATE INTERVAL		
pe	DISEASE OR CONDITION DIRECTLY						
E	LEADING TO DEATH (This does not meen the mode of dying,	(A) IMMEDIATE CAL	SE PORRISON O	linear			
Palm	heart failure, asthenia, etc. It means the dise injury or complication which coused death.)	ose,	erm to the and				
E B	ANTECEDENT CAUSES	arterio	schrotic vasc	Ilem chie			
	DISEASES OR CONDITIONS, if any, gir	ving (B)	A CONSEQUENCE OF:				
are	rise to the obove couse (A) stoting	the Wrinan	y truck infec	ition			
remains	UNDERLYING CONDITION last.	(C)	<u> </u>		••••••••		
E	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG					
re	TO THE DEATH BUT NOT RELATED TO THE TERMIN						
the	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B.	IF YES, WERE FINDINGS CO	NSIDERED		
9	FR 0	Vana at a management of the state of the sta					
before	OR CONTRIBUTING CAUSE OF	21& PLACE OF INJURY (e.g., i home, form, foctory, street, of	fice bidg. INJURY OCCUR?	(If In Boltimore City, give e:	xoct locotion)		
	2	etc.)					
ained	OF INJURY (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED While At Not Whil	21F. HOW DID INJURY O	CCUR?			
	(APPROX.)	Work L At Work					
opt	22. I certify that (th) (this hospital) attend	ed the deceased from UV	ne 27 197	2 10 Unly 25	19_12.,		
pe	that (1) (we) lost saw the deceased alive	28 ply C no	19.72ond that in(mx) (aur) opinion death	occurred on the date		
ts.	ond hour and from the couses stated abov	e. (1) (We) (did) (did not) v	iew the body after deoth.				
must	M. Shocom	M.D. Atte	nding Med. Staff (23B. DATE S			
5		DEGREE Phys	5. Director Phys.	25,F	• +2 -		
0	23C. PHYSICIAN'S NAME (Type) & SHOCAIR	Manya MD.	UNION MER	LORIL HOSHI	AL Bultimore		
approval		OEGREE	0.1.0		Mel.		
	REMOVAL (Specily)	C. NAME of CEMETERY OF CRI		ON (City, town, or c	ounty) (Stote)		
ter	Burial 7/28/1972	Loudon Pa		imore, Maryla			
written	2SANDATE REC'D BY HEALTH DEPT. 2SB. NAI	ME OF REGISTRAR	G. Truman Schwa	ah 5151 Rel+	o.Nat'l.		
5	VS 150-REV. 1/1/68	4 4071 413	17 O II O	ZU JIJI DAILO	Pike		

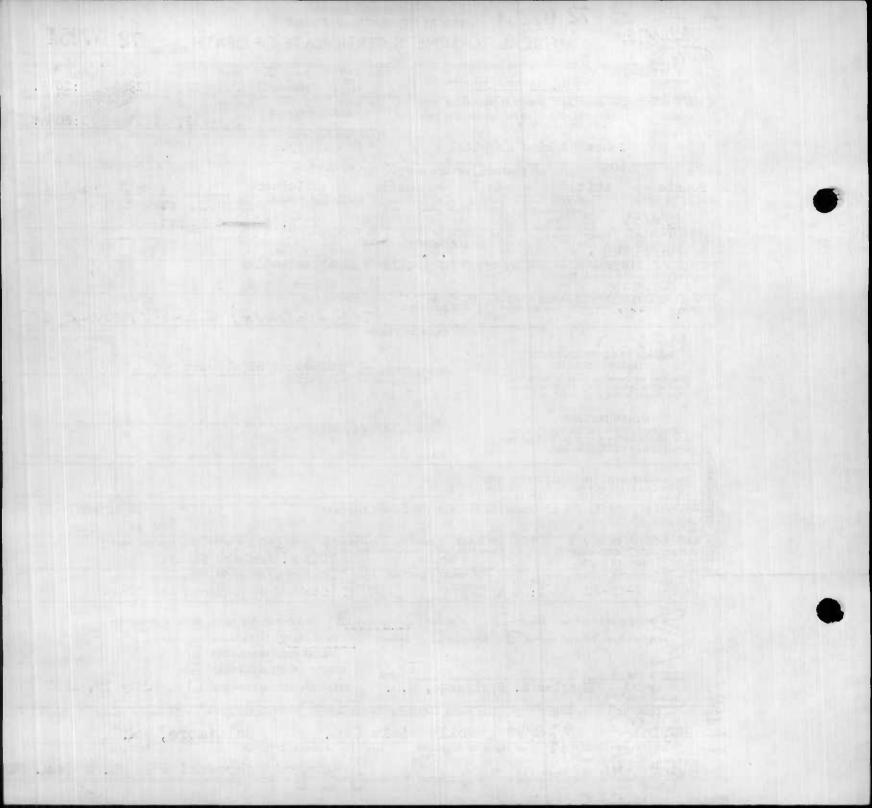
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日表記録 total for the Lot column Transport Manager Mana

	72 0	7254	BALTIMORE CITY HE							
Z-45. BIRTH NO.	2 MED	DICAL I	EXAMINER'S	CERTIFIC	CATE OF	DEAT	H REG. NO.	72 0	7254	
1. NAME OF DEC		NE ZIEL	INSKI	2. DATE OF	Known 🖾	Month .Tu1v	23, 1972	Year	3:20 A. M	
4. PLACE IN BAL	TIMORE, MARYLAND,	WHERE PRO	NOUNCED DEAD	DEATH 3. DATE	2311110111	Month	Doy	Yeor	Hour	
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	TION, GIVE STREET	PRONO	JNCED DEAD	.Tulv	23, 1972		3:20 A. M	
OR INSTITUTION	Johns Hopk:		pital	5. USUAL RESIDENCE (Where deceased lived, If Institution: residence before admission) A. STATE Maryland B. COUNTY						
6. SEX	7. RACE	8. MAPPIET	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CIT	Y LIMITS?		
Female	White	WIDOWE			Baltimore	2	YE:	s X	по 🗆	
9. DATE OF BIRT	H IO.AGE		Under 1 Yr. If Under 24 Hrs. onths, Doys, Hours, Min.	E. STREET	IND NUMBER	otoma	c stre			
6/2/	54 lost birthdo	DY) M	onms Doys Hours Min.		22 S. Per		Street			
11. BIRTHPLACE (S	State or foreign country)	12	CITIZEN OF	13. FATHER						
Mary	land		WHAT COUNTRY?	0	eorge					
i 4A.USUAL OCCU	IPATION (Give kind of work working life, even if retired)	14B. KIND O	F BUSINESS OR INDUSTR							
Stud	ent				lary Anna	a				
(Yes, no or unknown	ED EVER IN U.S. ARME)(if yes, give wor or doles	D FORCES?	SECURITY NO.	IB. INFORM	212/11/05	4/2	25. Po	TOM		
19. E 9	66X		CAUSE OF DEA						PROXIMATE INTERVAL ZEEN ONSET AND DEAT	
DISEAS	E OR CONDITION DIRE	ECTLY								
/=1.	LEADING TO DEATH		(A)IMMEDIATE	CAUSE Sta	abwound of	abdo	men			
heart loilure	not mean the mode of d e, asthenia, etc. It meons th mplicotion which coused de	e disease,	DUE TO, OR	AS A CONSEQ	UENCE OF:					
injury or con	mpaconon which coosed de	ioin.								
	NTECEDENT CAUSES OR CONDITIONS, IF AN E ABOVE CAUSE (A) STA	Y, GIVING	(B) DUE TO, OR	AS A CONSE	QUENCE OF:					
II I UNDERLYII	NG CONDITION LAST.	AIING IHE	(c)							
Ď	II		(0)							
O THE DE	NIFICANT CONDITIONS C ATH BUT NOT RELATED TO R CONDITION GIVEN IN I	THE TERMIN	IG AL							
20A. DATE O	FOPERATION 208. CO	NDITION FO	R WHICH OPERATION W	AS PERFORM	IED			21. AUTO	PSY? (Yes or No)	
0 2									Yes	
UNDERLYING	NAL CAUSE WAS GENOR CONTRIB- AUSE OF DEATH.	22 ho	B.PLACE OF INJURY (e.g., me, farm, factory, street, office House	in or obout 2 be bldg., etc.)	NJURY OCCUR? 215 E. Lot	(il in Boltimo nbard	Street	t location)	05	
≥ 22D. TIME OF INJURY		ween	22E INTURY OCCURRED	2	2F. HOW DID IN					
(APPROX.)	7-23-72 1 &		WHILE AT NOT AT V	WHILE WORK	Stabbed by	y unkn	own assa:	ilant		
23.										
		Inquiry			-		death in my	-		
resul	Ited from: Natural ca	uses	Accident Suici				ned manner L	1		
ACTUAL	(le alo	1	Jan A		CHIEF MEDICAL I		IXI		DATE SIGNED	
SIGNAT	URE CONTRACTOR		M. D. M. D.).	STANT MEDICAL			1137 25	5, 1972	
NAME (S 5. 5	oringate, M.D.	ASSC	CIATE MEDICAL I	EXAMINER		ary &.	, 17/2	
24A. BURIAL CRE	MATION, 24B. DATE		24C. NAME of CEMETERY	or CREMATO	DRY 24D.	LOCATION	(City, town,	or county	(Stote)	
Buria		8/72	Holly Hill	s Cem.		Balti	more, M	d.		
25A. DATE REC'D	BY HEALTH DEPT	258. NA	ME OF REGISTRAR		FUNERAL DIRECT			DRESS		

VS 151-REV. 1/1/68

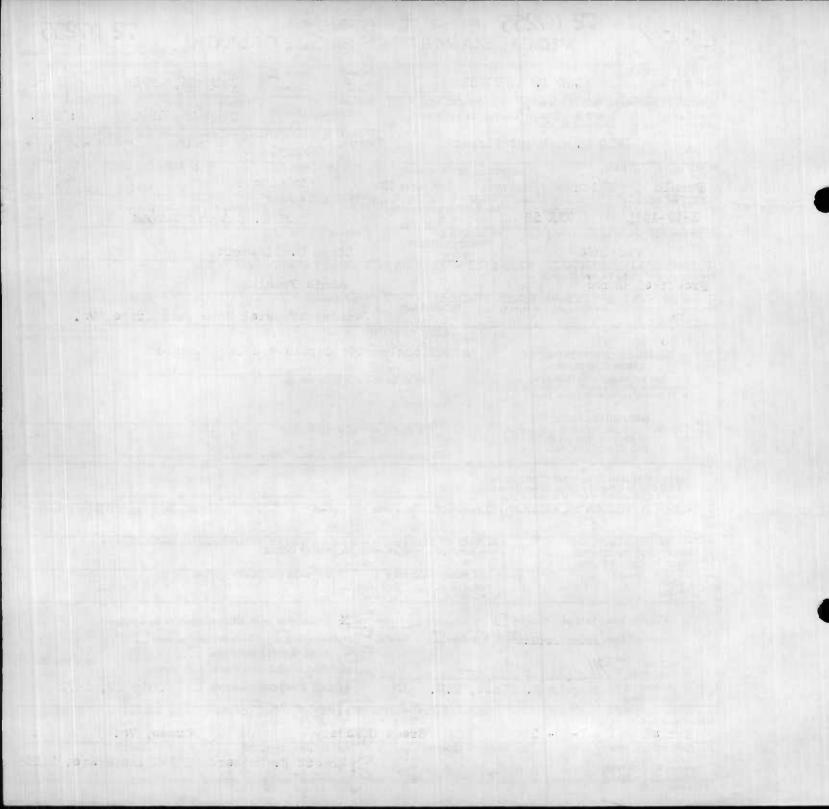
Bernard Dabrowski 2818 E. Balto. St



72 07255 BALTIMORE CITY HEALTH DEPARTMENT

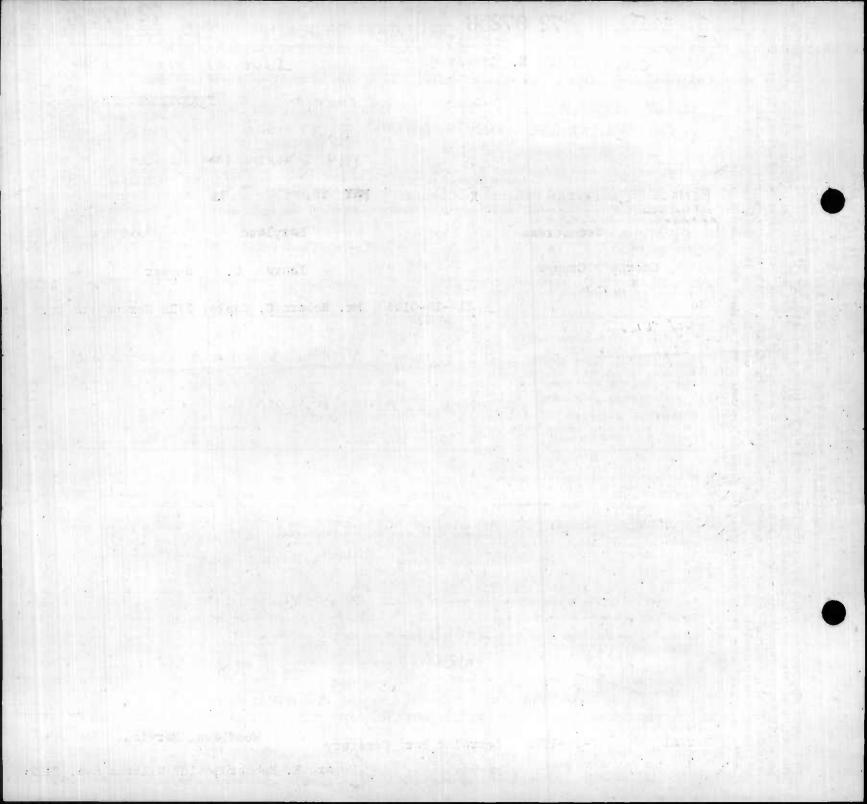
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	CERTIFICATE OF DEATH REG. NO.
BIRTH NO.	
I. NAME OF DECEASED (Type or Print) LEE B. CAMPBELL	2. DATE Known N Month Day Year Hour OF DEATH Estimoted July 26, 1972
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD July 26, 1972 5:25 P.
or institution 1632 N. Calvert Street	5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) A. STATE B. COUNTY
	Maryland
S. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Remale White WIDOWED □ DIVORCED 🛛	Baltimore YES NO
DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Days, Hours; Min.	E. STREET AND NUMBER
3-17-1919 lost birthdox) Months Days Hours Min.	1632 N. Calvert Street
1. BIRTHPLACE(State or lareign country) 12. CITIZEN OF	13. FATHER'S NAME
Virginia WHAT COUNTRY?	Lloyd D. Dinsmore
4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME
one during most of working lile, even if relired)	Annie Fowalks
Practical Nurse	118. INFORMANT ADDRESS
6. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (II yes, give war or dotes of service) 17. SOCIAL SECURITY NO.	
no	Jenning sFuneral Home West Crewe, Val
19. // CAUSE OF DEA	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY Arterioscle	erotic cardiovascular disease
I CADING TO DEATH	
(This does not mean the mode of dying, e.g., (A)IMMEDIATE (DUE TO, OR	AS A CONSEQUENCE OF:
heart loilure, asthenia, etc. It means the disease, Injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF
UNDERLYING CONDITION LAST.	
2	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
0 1	77.00
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	, In or obout 22C, WHERE DID (If In Boltimare City, give exact location)
UNDERLYING CAUSE WAS home, farm, loctory, street, office UTING CAUSE OF DEATH.	ce bldg., etc.) INJURY OCCUR?
22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY WHILE AT INDI	T WHILE
23.	WORK LI
	utopsy 🔯 and that on this basis, death in my opinion
resulted from: Natural causes X Accident Sulci	de Homicide Undetermined manner
ACTUAL TOUR OF THE	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE MALLEY & PLANT M.	ACCICTANT MEDICAL EXAMINED X
EXAMINER'S Marvin S. Platt, M.D.	ASSOCIATE MEDICAL EXAMINER July 27, 1972
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (State)
REMOVAL (Specify) Burial 7-30-72 Crewe	Cemetery Crewe, Va.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR ADDRESS
1. 1.	Howard H. Hubbard 4107 Wilkens Ave. 2122
AUG 1972 The deep horrow	
VS 151-REV. 1/1/68	1 2 2



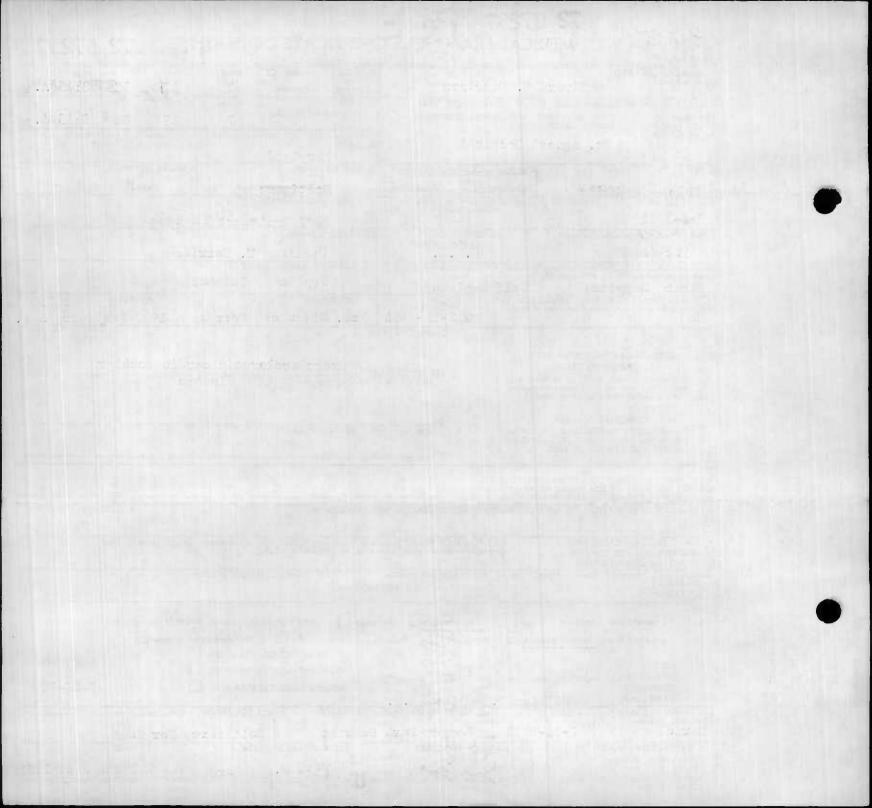
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

		MO 01	mide e	BALTIMORE CITY	HEALTH	DEPARTMEN	T	•	72 0	7256	
	5-365	72 0	1256	CERTIFICA	TF O	F DEAT	RE	G_140.			-
	H NO.			021(11110)				STATE	OF M	RYLAND-	DHMH
	o or Print) CATHER	NE E.	STR	RONG		1-1	uby 27		2	9:30	P. M.
3. P	LACE IN BALTIMORE, MARYL	AND, WHERE P	PRONOUN	CED DEAD	4. USUA A. STATE		Where deceased	lived. If ins	lilution: res	idenco beforo	odmission)
	L NAME OF (IF NOT IN	HOSPITAL OR I	תטדודצאו	ON, GIVE STREET	MA	RYLAND	6	XXXXXX		-	02
INS	TITUTION DAY		Cours	RAL HUSPITA		OR TOWN	AD =	D. INSID	DE CITY LIA	_	,
	SOUTH BALLS	LMOICE O	ENE	Can Mostania	100	ALT I MI			YES 🔀	NO L	<u> </u>
1	73				111	4 WASI	HINGTON	BLL	D.		
5, S	EX 6. RACE	7. MAI	RRIED	NEVER MARRIED	B. DATE C	OF BIRTH	9. AGE (In lost birthdo		If Under Months	1 Yi. If Un	der 24 Hrs. Min,
F	EMALE CAUCAS.	IAN WIDO	OWED 3	DIVORCED	MAY	18,1897	75				
	USUAL OCCUPATION (Give kind during most of working life, even if		IND OF BI	JSINESS OR INDUSTRY	11. BIRTH	PLACE (State of	foreign country)		12, CITIZ	N OF WHAT	COUNTRY?
00		nstress				Mary	land		UNE	TED S	TATES
13. [FATHER'S NAME				14. MOTE	HER'S MAIDEN	NAME				
	George Cr	roppe				Laur	a C.	Snyd	er		
15. 1	Nos Deceosed Ever in U. S. A., no or unknown) (If yos, give wo	mod Forces?	110	SOCIAL	17. INFOR		-	- 11) (1		ADDRESS	21230
	o or unknown till yos, give wo	r or dotos of set		SECURITY NO. 214-18-0136	Mac	Dahowt	C Ca=10	2722	37 1	-1	
	18. // 0 / 0 1			CAUSE OF DEAT		Kobert	C. Caple	, 2/23	Nort	APPROXIMATE	
	DISEASE OR CONDIT	ION DIRECTLY	,	CAUSE OF BEAT					81	TWEEN ONSET	
	LEADING TO				(3 ' 0 :	·40~ 1.0	0 4 10 1 14 19	A ani A	Gala	2 1	
	(This does not meon the m	node of dying,		(A) IMMEDIATE CAL	A CONSEQ	LISILO - A H	SCULAR	HCCIT	E101	a	72.1
	heart foilure, osthenio, etc. It	meons the dis		200 10, OR A3							
	heart failure, asthenia, etc. It injury or complication which	meons the dis coused deoth.)									
	heort foilure, osthenio, etc. It injury or complication which ANTECEDENT	meons the discoused deoth.)	1								
	heart failure, asthenia, etc. It injury or complication which	meons the discoused deoth.) CAUSES IS, if ony, g	giving			OSCIG PL					
	heorl foilure, osthenio, etc. It injury or complication which ANTECEDENT C DISEASES OR CONDITION	meons the discoused deoth.) CAUSES IS, if ony, ge (A) stoting	giving								
7	heori foilure, osthenio, etc. It injury or complication which ANTECEDENT C DISEASES OR CONDITION rise to the obove cous	meons the discoused deoth.) CAUSES IS, if ony, (see (A) stoting	giving	(B)							
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	heori foilure, osthenio, etc., linjury or complication which ANTECEDENT C DISEASES OR CONDITION rise to the obove cous UNDERLYING CONDITION I OTHER SIGNIFICANT CONDITIO TO THE DEATH BUT NOT RELA' DISEASE OR CONDITION GIVE!	I means the discovered death.) CAUSES IS, if any, it is to the control of the control of the term of the control of the term of the control of the term of the control of	giving g the	(B) A A A A A A A A A A A A A A A A A A A	THE RC	OSCIC NO	0818.		INDINGS	CONSIDERED	
4	heori foilure, osthenio, etc., linjury or complication which ANTECEDENT C DISEASES OR CONDITION Tise to the obove cous UNDERLYING CONDITION OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELAY DISEASE OR CONDITION GIVE! 194. DATE OF OPERATION 1991	I means the discovered death.) CAUSES IS, if any, it is to the control of the control of the term of the control of the term of the control of the term of the control of	giving g Ihe	(B) A A A A A A A A A A A A A A A A A A A	THE RC	OSCIC NO	0 5 1 5 A		INDINGS ISES OF D	CONSIDERED EATH?	
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AL CERTIFICA	heori foilure, osthenio, etc., it injury or complication which ANTECEDENT CONDITION tise to the obove coust UNDERLYING CONDITION OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATED SEASE OR CONDITION OF CONTRIBUTING CAUSE OR CONTRIBUTING CAUSE CONTRIBUTING CAUSE CONTRIBUTING CAUSE	The discount of the discount o	giving g The STING WINAL FOR WH	(B) A A A A A A A A A A A A A A A A A A A	A CONSE	QUENCE OF:	ORIS	ES, WERE F	ISES OF D	CONSIDERED EATH?	
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a hospital and cause of death

(4) Undetermined cause; (5) Deceased

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	72 07258 BALTIMORE CIT	Y HEALTH DEPARTMENT 72 07258					
BIRT	CERTIFICA	ATE OF DEATH STATE OF MARYLAND-DHN					
1. N.	NAME OF DECEASED	2. DATE AND HOUR OF DEATH					
	Pe or Pant XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						
	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmissio A. STATE B. COUNTY MARYLAND					
HO	STITUTION ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
	ST AGNES HOSPITAL	BALTIMORE YES X NO					
	31 AGNES HOST TIAL	E. STREET AND NUMBER					
		1001 DESOTO ROAD 21223					
	FEMALE CAUCASIAN WIDOWED TO DIVORCED						
	N. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR to during most of working lile, even if retired) HOUSEWIFE	Y 11. BIRTHPLACE (State or foreign country) MARYLAND USA					
-	FATHER'S NAME AUGUST SCHUSTER	14. MOTHER'S MAIDEN NAME KAXXIEXXXIXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS					
	s, no or unknown) (If yes, give was as dates of service) NO SECURITY NO. 215-44-0701	ST AGNES HOSPITAL BALTO MD 21229					
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	SACONSEQUENCE OF:					
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Howard H. Hubbard, 4107 Wilkens Ave. 21229

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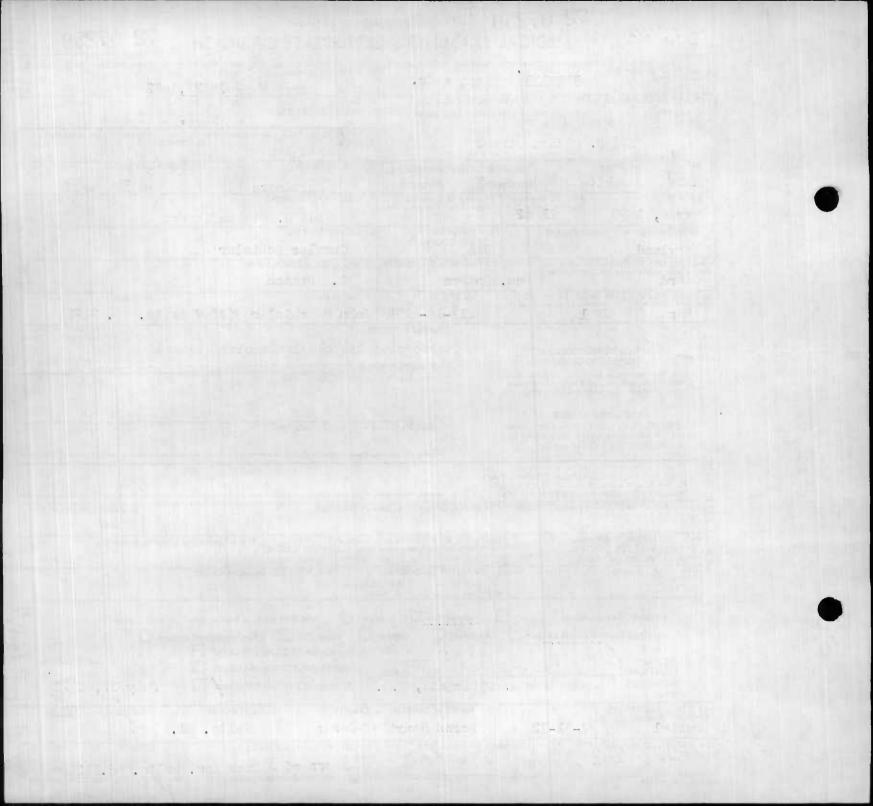
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TATATA TO BELL TO THE

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Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER July 27, 1972 NAME (Type) 24A. BURIAL CREMATION. 24B. DATE 24C, NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 7-31-72 Sacred Heart of Jesus Burial Balto. Md. 25A. DATE-REC'D BY HEALTH DEPT. 238. NAME OF REGISTRAP 25C. FUNERAL DIRECTOR ,Leona rd J Ruck Inc. Balto. Md.21214 VS 151-REV, 1/1/68



BALTIMORE CITY HEALTH DEPARTMENT 72 07260 CERTIFICATE OF DEATH REG. NO. OF MARYLAND-DHILL Such hospital and use of death cause; (5) Deceased attendance on the I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) OSWINKLE, 28 197 4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE

8. COUNTY death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? Undetermined cause; 0 RLTIMORE YES NO Union Memorial Hospita prior E. STREET AND NUMBER contributing occurred ADLE IGH disposition is made. regular B. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. 5. SEX 6. RACE If Under 1 Yr. 7. MARRIED NEVER MARRIED deceased last birthdoy) 7 / Hours WIDOWED DIVORCED 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death done during most of working life, even if retired) = 10 RETIRED Was 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the 4 assistant if oseph. death LO kind; 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) or final SECURITY NO. attendance UNE NO 216-03-0830A Mrs Leona J Oswinkle Same CAUSE OF DEATH any APPROXIMATE INTERVAL pronounced BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med o LEADING TO DEATH fracture (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF embal hearl failure, osthenio, etc. It meons the diseose, regular injury or camplication which caused death,) who ANTECEDENT CAUSES are DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoling the physician UNDERLYING CONDITION lost. remains medical medical burns; MOS 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) Body the chief before the 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES. WERE FINDINGS CONSIDERED the 19A. DATE OF OPERATION O WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? bleeding 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (2) 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) where hospital °Z DEATH (notify medical examined) otc.) nature; MEDI obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 approved OF INJURY (except While At Not While (APPROX.) Work At Work and the any 22. I certify that (1) (this hospital) attended the deceased from ... that (I) (we) lost sow the deceased alive on and that in (my) (our) opinian death accurred on the dote pe E o hospital deat and hour and from the causes stated abave. (1) (We) (did) (did not) view the body after death. must An accident was release 23A. SIGNATURE 238. DATE SIGNED Attending Med. Director 0 Phys. written approval 0 23C. PHYSIC AN'S 23D. ADDRESS prior to NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION eceased (City, town, or county) (Stote) 0.0 the body shows: Burial Oaklawn Baltimore, Maryland Was 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Leonard J. Ruck Inc. Baltimore, Md 73 VS 150-REV. 1/1/68

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>	BALTIMORE CIT	Y HEALTH DEPARTMENT	TO Origon			
BIR	72 07261 CERTIFICA	ATE OF DEATH STATE	72 07261 OF MARYLAND = DIM			
1.N	AME OF DECEASED	2. DATE AND HOUR OF DEATH	30			
	ASSUNTA M DELUCA	JULY 28, 1972	10 - AN			
	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased fived, 1(in A. STATE B. COUNTY Maryland	stitution: residence before odmission)			
HO	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) STITUTION		DE CITY LIMITS?			
6	801 Lenton Avenue	E. STREET AND NUMBER 801 Lenton Avenue Apt. BA				
	emale Caucasian widowed Divorced	B. DATE OF BIRTH 9. AGE (In years lost birthday). Sept. 13, 1885 86	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.			
OA	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY of during most olympiking life, even if retired)		12. CITIZEN OF WHAT COUNTRY			
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	U.S.A.			
3.	Joseph DeFontes	Marie Concetta				
S. Yes	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 219-32-025	17. INFORMANT 1 Mrs Mary Bass	Address Same			
_	118. / CAUSE OF DEA	9	APPROXIMATE INTERVAL			
	DISEASE OR CONDITION DIRECTLY	Marson son the	BETWEEN ONSET AND DEATH			
	(A) IMMEDIATE CA (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	AUSE AS A CONSEQUENCE OF:				
	injury at complication which could doubt !	14 Naman				
	ANTECEDENT CAUSES (B) Clima	cul the Otomarely S A CONSEQUENCE OF:	luids.			
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR A rise to the above cause (A) stating the	S A CONSEQUENCE OF:	7.7			
	UNDERLYING CONDITION last. (C)					
ATION		select Carolio rescules	Den yrs.			
	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B, IF YES, WERE IN CERTIFYING CA				
AL	21A. A CCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., hame, form, factory, street, of DEATH (notify medical examiner)		e City, give exact lacotion)			
MEDIC	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED White At Not Wh	21F. HOW DID INJURY OCCUR?	The second			
	22. I certify that (I) (this haspital) attended the deceased from	· -	-28-72 19			
	that (I) (we) last saw the deceased alive an 7-21-7					
	and haur and from the causes stated above. (1) (We) (did) (did-not)					
	23A. SIGNATURE		23 B. DATE SIGNED			
	Ar. C MC OEGREE	tending Med. Staff Phys.	July 28, 1972			
	23C. PHYSICIAMS NAME (Type)	23D. ADDRESS	, , , , , , , , , , , , , , , , , , , ,			
	John C. Hyle M.D.					
24 A	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CI	REMATORY 24D. LOCATION (C	ity, town, or county) (Stote)			
25.0	Burial 7/31/72 Parkwood	Baltimore, M				
U	IG 1 1972 Sudvey Williams of REGISTRAR	Leonard of Buck Inc.	5305 Harford Ro			
VS	150-REV. 1/1/6B					

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This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

	:/ .	120		BALTIMORE CITY	HEALTH DEPARTMENT		אַר אַרַיּיַר
1	14-612	12	072G2	CERTIFICA	TE OF DEATH	REG. NO	72 07262
BÍ	RTH NO.	EASED		CENTITICA	IL OF DEATH	STATE	OF MARYLAND-CHAP
	ype or Print)	_		c u		AND HOUR OF DEATH	
3.	PLACE IN BAL	HERBST,				30/72	S. US A M. estitution: residence before admission)
~		miletally,	WHERE PRONOC	NCED DEAD	A. STATE B. COU	INTY	istitution; residence before admission)
FL	JLL NAME OF	(IF NOT IN HOSPI	TAL OR INSTITU	TON, GIVE STREET	MARYLAND		2155
IN	ISTITUTION				C, CITY OR TOWN	D. INSI	IDE CITY LIMITS?
1900	THE	JOHNS HOPK	INS HOS	SPITAL	BALTIMORE		YES X NO .
and Name	JONET	IMODE MD	04005		E. STREET AND NUMBER		
			21205		5811 HILL	EN ROAD	
5.	SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
1	TALE	WHITE	WIDOWED		07-29-91	81	The state of the s
10	A. USUAL OCCU	IPATION (Give kind of wor	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
Re	etired	working life, even if refired) Eng. Balt.	G2 5 &c	Elec Co	Donne		W 0 4
	FATHER'S NAM		uas a	Tiec. 00	Penna. 14. MOTHER'S MAIDEN NA	AAAF	U.S.A.
					THE MICHAEL S MAIDEN NO.	AUVIE .	
	JAMES	S B. HERBS	Ι		DARHER INE	LONES	
(Ye	spo of unknown)	Ever in U. S. Armed Fo	rces? es of service)	16. SOCIAL SECURITY NO.			ADDRESS
	res	AA AA		220-14-7906	Mrs Myrtle	K Herbst	Same
	18. 4 3	1.07		CAUSE OF DEATH			APPROXIMATE INTERVAL
	1	E OR CONDITION DE	RECTLY				BETWEEN ONSET AND DEATH
		LEADING TO DEATH		/ANIMMEDIATE CALL	SE PNEUMON	10	5 days
	This does no	of mean the mode of asthenia, etc. It means	dying, e.g.,		CONSEQUENCE OF:		
	injury or com	plication which caused	death.)				
		NTECEDENT CAUSES		MILLE	ACTOSON	HER VASON	1 holas
	DISEASES O	R CONDITIONS, if	any, giving	DUE TO, OR AS	ACERETERAL A CONSEQUENCE OF:	TUE 19 THIS IN	73
	rise to the	above cause (A)	stating the				
	UNDERLYING	CONDITION last.		(c)			***************************************
_~		11					
10	OTHER SIGNIFI	CANT CONDITIONS CO	NTRIBUTING				
CATION	DISEASE OR CO	INDITION GIVEN IN PAI	RT 1 (A).				
E	7/20/-	OPERATION 198 CON	FORMED		20A. AUTOPSY? (Yes or N	IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?
CERTIF	ZVA. ACCIDEN		1003c 3F	HEMATOMA	or about 21 C. WHERE DID		
	OR CONTRIBU	TWAS UNDERLYING	home	form, foctory, street, off	ice bldg. INJURY OCCUR?	(It in Baltimore	City, give exact location)
EDICAL		medical examiner	etc.)	-		•	
	OF INJURY	(Month) (Doyl (Year)		INJURY OCCURRED	21f. HOW DID IN	JURY OCCUR?	
3	(APPROX.)		While	At Work			
	22. I certify	that (1) (this hospita			7/20/72	10 1- 7/	30 /22 10
		last saw the decease		S deceased from			20 / 12 19
						•	nion death occurred on the date
			ted above. (I)	(We) (did) (did not) vi	ew the body after death.		
	23A. SIGNATUI						23 B. DATE SIGNED
		- Cura	_	DEGREE Phys.	ding Med.	Staff Phys.	7/30/72
	PAME (Ty	y'S pel			3D. ADDRESS		
			RA	MD	THE TOURS	HODICINO	2001744
24/	A. BURIAL CREA	MATION, 248, DATE	24C.NA	M. D. DEGREE	THE JOHNS)SPITAL y, town, ar county) (State)
11	Burial	8/2/72					
11		BY HEALTH DEPLY	25B NAME Q	nion Cemeter		Len Rock, F	enna.
1	ALIC 1	1070	THE WANTE OF	ALMID LAME	25C. FUNERAL DIRECTO		ADDRESS
	HUUI	1316 /20	Jun Blins	U LIBRITOR	Heonard IJ Ru	ick Inc. Ba	ltimore. Md
V5	150-REV. 1/1/6	6	//				

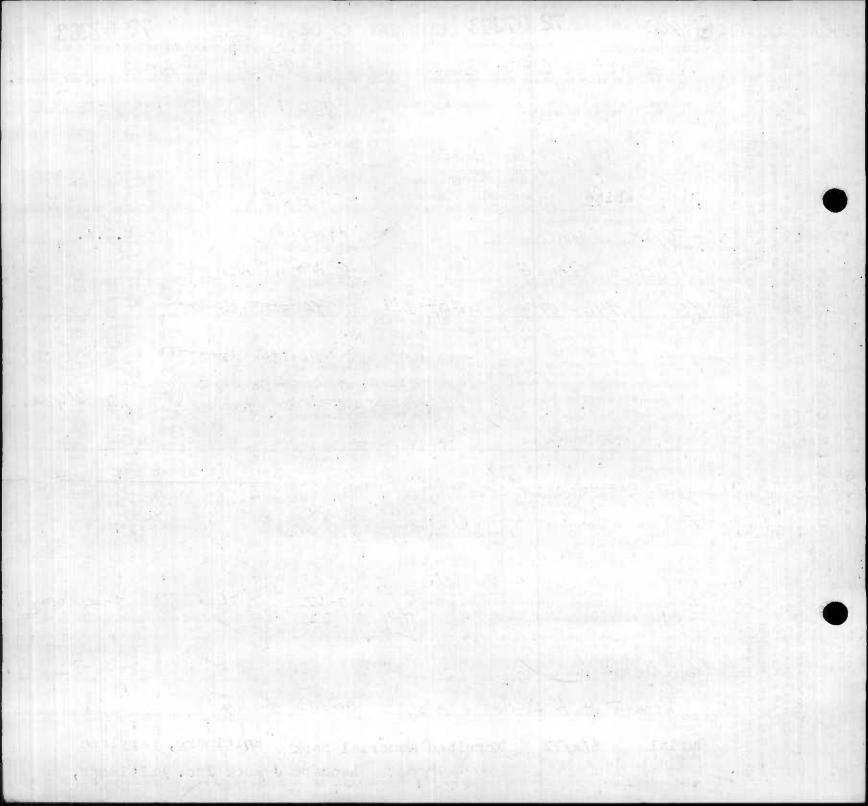
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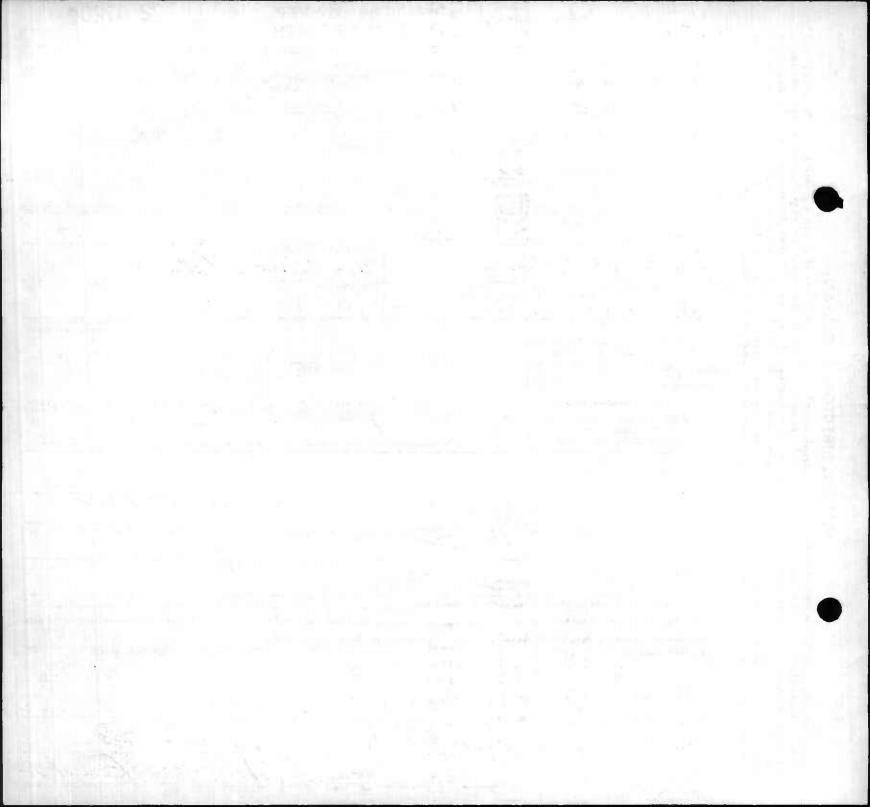
pital and of death Such Deceased uo hospital death. ance (2) COUSE cause; attend 10 prior contributing occurred Undetermined regular mad deceased isposition death 2 MOS the 4 eath LO 0 final ance any 0 pronounce attend med of fracture embal 0 regul w ho are physician the remains chief medical **SDA** physician 0 before where hospital ŝ nature; obtained 9 (except and the any death) of hospital must accident 2 approval 0 prior to eceased the body was D.O. written shows: 0

BALTIMORE CITY HEALTH DEPARTMENT 72 07263 CERTIFICATE OF DEATH BIRTH NO. INAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where decoased lived, If institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY A. STATE FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN INSIDE CITY LIMITS? YES L NO E. STREET AND NUMBER S. SEX If Under 1 Yr. Months: Doys B. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. 7. MARRIED THEVER MARRIED Hours lost birthdoy DIVORCED WIDOWED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or Goreign country 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) MARYLAND U.S.A. /Rei 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS. Was Deceased Ever in U. S. Armed Farces? ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart loilure, osthenio, etc. Il means the disease, CHRONIC BRONCHITIS injury or complication which coused death,) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. (c)___ CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 20A. AUTOPSY? (Yes or No) 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exoct location) MEDICAL DEATH (notify medical examiner) etc.) 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that (I) (this haspital) attended the deceased from 7-30 that (1) (we) last saw the deceased alive on. ond that in (my) (aur) opinion death occurred on the date ond hour and from the couses stoted obove. (1) (We) (did) (did not) view the body ofter deoth. 23A. SIGNATURE 23B. DATE SIGNED Attending [Med. Staff -30-Director L Phys. Phys. 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS SCHNER 24A. BURIAL CREMATION, 24C. NAME of CEMETERY OF CREMATORY (City, town, or county) (Stote) REMOVAL (Specify) Baltimore, Maryland Memorial Pa Leonard J Ruck Inc. Baltimore, Md VS 150-REV. 1/1/6B



th occurred in a hospital and contributing cause of death etermined cause; (5) Deceased n regular attendance on the Such eath. D 0 prior mad deceased .5 disposition death E (4) Und 10 Was the assistant eath 10 or final attendance any pronounced med fracture of embal examiner regular examiner. who are 3 = physician before the remains chief medical Was medical burns; No physician (2) Body the 0 the where to the hospital any nature; obtained 9 approved (except and pe (eath) of hospital the body was released must An accident certificate must 0 0 approval 0 prior ţ D.O.A. shows: (1) eceased decease Was

BALTIMORE CITY HEALTH DEPARTMENT 72 07264 REG. NO. CERTIFICATE OF DEATH BIRTH NO. STATE OF MARYLAND-DHMH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) A. USUAL RESIDENCE I Where deceased lived. If 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD institution: residence before admission) FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) D. INSIDE CITY LIMITS? OR TOWN YES NO E. STREET AND NUMBER 05 9. AGE (in years 5. SEX 6. RACE If Under 1 Ys. If Under 24 Hrs. & DATE OF BIRTH MARRIED NEVER MARRIED WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 111, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if reffred) LABOTER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) [If yes, give war or dates of service] 17. INFORMANT ADDRESS SOCIAL SECURITY NO. 41 allen APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, osthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the above cause (A) stating the UNDERLYING CONDITION last TIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19& CONDITION FOR WHICH OPERATION WAS PERFORMED 20A AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? CER 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, farm, factory, sheet, office bidg., INJURY OCCUR? (If In Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examined (Month) (Doy) (Year) (Hous) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR Not While OF INJURY While A (APPROX.) At Work Work 22. I certify that (I) (this hospital) attended the deceased from and that In(my) (our) apinion death accurred on the date that (1) (we) last saw the deceased alive an and hour and from the causes stated above. (I) (We) (did) (did nor) view the bady after death. 23A. SIGNATURE 23B DATE SIGNED Attending Med. Staff Phys. Director L Phys. 23D. ADDRESS 23C. PHYSICIAN'S NAME (Typel 24A. BURIAL CREMATION, DATE 248 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (Citye county REMOVAL (Specify) 25A. DATE REC'D BY HEALTH DEFT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRES VS 150-REV. 1/1/68



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

	-200 72 07265	BALTIMORE CITY	HEALTH DEPARTMENT		72	0726	35
RI	TH NO. 3 24 04	CERTIFICA	TE OF DEATH	REG. NO.			-
1.	NAME OF DECEASED		2. DATE	AND HOUR OF DEATH	OE W	ARYLAN	D-DHMH
Ľ	TPA E. LEAK		7/2	9/72 15	13		AM
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNC	ED DEAD	4. USUAL RESIDENCE (W	here deseased lived. If is	nstitution; r	esidence be	efore odmissionl
FL	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	N. GIVE STREET	MARYLAND			8	3.3
IN	THE JOHNS HOPKINS HOSPITAL		BALTIMORE	D. INS	IDE CITY L	1	
1			E. STREET AND NUMBER		YES 🔨	N	<u>о Ц</u>
-	BALTIMORE, MD 21205			AKEWOOD AVE			
5.	SEX 6. RACE 7. MARRIED X 1	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	II Unde	Doys Ho	Under 24 Hrs.
	EMALE NEGRO WIDOWED	DIVORCED [03-26-96	76	Months	Doys Ho	ours Min.
do	LUSUAL OCCUPATION (Give kind of work 108, KIND OF BUS to during most of working life, even if retired)	INESS OR INDUSTRY	S, C,	reign country)	12. СІТІ	ZEN OF WI	HAT COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N.	AME			
	STEPHEN KELLEY		HAGER JOHN				
15.	Was Deceased Ever in U. S. Armed Forces? 16.	SOCIAL	17. INFORMANT	430N		ADDRESS	
(16	s, no or unknown) (If yes, give wer or dates of service)	9-40-3666					
	18.4/0,01+2509	CAUSE OF DEATH	SE ? ? ? ? A CONSEQUENCE OF:	Pulmonary.	embol	APPROXIM	MATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Respuest	in array ?	4	0-49	-4	(0.0)
	(This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAU	SE L L L L L L L L L L L L L L L L L L L	unies ai	segues	ua	100 000
	heart failure, aethenia, etc. It means the disease, injury or complication which caused death.)		A				
	ANTECEDENT CAUSES		cuts mi + in	mariage c	4F	60	Ales
	DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:				
	rise to the above cause (A) stating the UNDERLYING CONDITION last.	10 HASC	UD			25	400
	11	(C)					
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	N8-7	és melletus				
CAT	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).			janenica			
CERTIFIC	198- DATE OF OPERATION 198- CONDITION FOR WHICH	H OPERATION	NO	10 OERTIFTING CA	FINDINGS USES OF I	CONSIDER	RED
CAL CE			or about 21 C. WHERE DID	(If in Boltimor	e City, give	e exoct loco	otion)
EDI	21D-TIME (Month) (Doyl (Year) (Hour) 21E INJ	URY OCCURRED	21F. HOW DID IN	IJURY OCCUR?			
٤	(APPROX.) While A	Not While	'				
	22. 1 certify that (1) (this hospital) attended the de		163	19 72 to 7/	29		19 72
	that (1) (we) lost sow the deceased alive an	129		that In (my) (our) opi	nion deor	th accurre	
	and hour and fram the causes stated abave. (1) (W.		ew the body after death				
	23A. SIGNATURE				23 B. DAT	E SIGNED	
	Es. Alger	DEGREE Phys.	iding Med. Director	Staff Phys.			
	23C. PHYSICIAN'S NAME (Type)		3D. ADDRESS		-		
	K.S. ALFREDSON	M.D. DEGREE	THE JOHNS HO	OPKINS HOSPI	TAL		
24/	REMOVAL (Specify)	of CEMETERY of CRE		1 . 4	ity, town, o	r county)	(Stotel
		imore Ce	emetery Ts	Balto, Md.			
25	UG 1 1972 Tuling Market	GISTRATE (1)	25C. FUNERAL DIRECTO	ARCH 92	SE.	ADDRE Nov7	H Are
VS	150-REV- 1/1/68						

VS 151-REV. 1/1/6B

72 07266 STATE OF MARYLAND-DEMI

(-	3-50	0	MEL			AMIN				OF	DFA1	гн	72	07266
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	AME OF DEC	EASED	JAMES	T. GAIN	EY			2. DATE OF DEATH	Known Estimot		Month	Doy	Yeor	Hour
4. PL	ACE IN BALT	IMORE, M				INCED DEA	ND.	3. DATE			Month	Doy	Yeor	Hour :
HOSE	NAME OF PITAL ISTITUTION	(IF NO	OT IN HOSPIT.	AL OR INS	OITUTIT	N, GIVE STRE	ET		UNCED DE		7	29	1972	12:15p
0	2		ford Rd					A. STATE	١d.	(When	deceosed	B. COUNT		805
6. SE		7. RACE		B. MARI	RIED X	NEVER MA	RRIED	C. CITY O	RTOWN			D. INSIDE	CITY LIMITS?	
m	ale	negro		WIDOV	WED 🗌	DIVO	ORCED]	Balt	0.		YES X	NO 🗆
9. D	ATE OF BIRTH	1	10. AGE (I		'If Und	er 1 Yr. If Und	der 24 Hrs.	E. STREET	AND NUM	BER				
3	-10-06		TOST DITTING	66	I VIOITIII	100,31110		2:	343 Ha	rfor	d Rd.			
11. B	IRTHPLACE (S	tote or fore	ign country)			IZEN OF		13. FATHE	S'S NAME					
N	. C.				W	HAT COUNT	RY?	John	C. G	air	ney			
14A.	SUAL OCCU	PATION(G	ive kind of work	148. KIN	OF BU	JSINESS OR	INDUSTRY							
-	during most of w		even if retired)					Elle	n DeF	la m	77			
	aborer VAS DECEASI		U.S. ARME	D FORCE	5?]]	7. SOCIAL		18. INFOR		7011	7		ADDRESS	
(Yes,	no or unknown)	(If yes, give	wor or dotes	of service)	SECURIT	Y NO.	Mana	T 4 7	7.	Time	- 4 -		
110	9. / /		_			CALIS	E OF DEA		Lucil	Te	rran	CIB	I AF	PROXIMATE INTERVAL
	7-10	2121							. +	1 -		00011-	BETW	EEN ONSET AND DEA
			DITION DIRE	CTLY		нурег	tensi	ve o a.	rterio	scre	LOLIC	cardio	vascula	r disease
		LEADING 1					MEDIATE C							
	heort foilure,	osthenio, e	e mode of di tc. It meons th hich coused de	e diseose,		D	UE TO, OR	AS A CONSE	QUENCE OF	:				
NO	DISEASES C	ABOVE C	TIONS, IF AN	Y, GIVINO TING THE	9	(B) (C)	UE TO, OR	AS A CONS	EQUENCE O	F:				
CERTIFICATION	TO THE DEA	TH BUT NO	II ONDITIONS C OT RELATED TO N GIVEN IN F	THE TERM	AINAL	+ Glorder Greeke A	-	#+++++++++++++++++++++++++++++++++++++						
CERT	OA. DATE OF					HICH OPER	ATION W	AS PERFOR	MED				21. AUTO	PSY? (Yes or No)
O	ZA. EXTERI	NAL CAUS			22B . PL hom e,	ACE OF IN	JURY(e.g., street, offic	in or obout e bldg., etc.)	22C. WHER	E DID	(If in Boltim	ore City, give	exoct location)	
Σ	UTING CA 2D. TIME (DF INJURY		(Doy) (Yeo	ır) (Hou	'	INJURY O			22F. HOW	DID IN	JURY OCC	UR?		
	APPROX.)				m. WC	ORK		ORK						
2	3.						=							
	1 cert	ify that I	held on	Inquiry		Inspection	_K A∪	topsy 📙	ond the	ot on t	his basis	, deoth in	my opinion	
	result	ed from:	Natural con	uses X	Ac	ci dent 🔲	Suicio	le 📙 📙	lomicide L		Undeterm	ined monne	er	
			/	201	/ //	,			CHIEF MEI	DICAL	EXAMINER	X		DATE SIGNED
	ACTUAL	IDE	110	1/2	M	er	M.D	AS S	ISTANT ME	DICAL	EXAMINER			DAIL SIGNED
	SIGNATU		1	-			M.L		OCIATE ME	DICAL	EXAMINER			
	NAME (T		Rus	sell	S. I	isher,	M.D.	, ,	0 0.7.1-1.11					7-30-72
	BURIAL CREA		24B. DATE		24C	NAME of	CEMETERY	or CREMAT	ORY	24D.	LOCATIO	N (City,	town, or county) (Stote)
KEM	OVAL (Specif	v)	0 7 1	10	77	-74-	0				1.74.	36.2		
254	DATE PECID	BY HEALTH	8-3-7			alto.			FUNERAL		Balto	. Md.	ADDRESS	
25A.	ALIA 4	4/17/)	230. 1	Ame	A COSTR	na I					TO 37		
	AUGI	13/2	1	Children of	MIN.	1. 1. 1. 1.	-	AATI	I O MS	TLCL	928	E NOI	th Ave	•

NE profinit fatt other in Colors Pare of sell a mount of the land and a provide was the breaken Character at any amount of te survival to the the demis - 10 0000 data to the party

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

190 O'7	267. SERTIFICA	HEALTH DEPARTMENT		72 07267
	(FRIJEI(A		REG. NO	12 01201
BIRTH NO. 1. NAME OF DECEASED	STATE OF 1	WARYLAND-DHMH	OUR OF DEATH	53
(Type or Print) BOLTON,	FRANKL	IN	7-30-72	1 7 p.m.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	A. STATE B. COUNTY	ceased lived. If institut	iont residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION)	TITUTION, GIVE STREET	311nN. EAST STR	D. INSIDE C	CITY LIMITS?
37 MERCY		BALT MD. E. STREET AND NUMBER 311 N. EAST STR		s No 🗌
5. SEX 6. RACE 7. MARRI	ED NEVER MARRIED		GE (In years If	Under 1 Yr., if Under 24 Hrs.
MALE NEGRO WIDOW	ED DIVORCED	67 127 1908	birthday) Ma	onths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work[10B, KIND done during most of working life, even if refired) RETIRED	OF BUSINESS OR INDUSTRY	ROXBORO, N.C.	iountry) 12	U.S.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
WALTER BOLTON		CARRIE SMITH		
15. Wes Decembed Ever in U. S. Armed Forces? (Yes, no. or unknown) lif yes, give war or dotes of service	22 FCURHY NO	NORA BOLTON 3	11 N. EAST S	STREET BAIT. MD.
18. 4/ / () . ()	CAUSE OF DEAT		1	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY			+	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAL	ISE Cardiac	anes	14
(This does not mean the mode of dying, e heart failure, asthenia, etc. It means the disea	DUE TO OP AS	A CONSEQUENCE OF:		
injury or complication which caused death.)		- 11	1 1 7 1	
ANTECEDENT CAUSES	(B) Q(ule Myoca	rdick Info	intolog 14
DISEASES OR CONDITIONS, if any, givi	ing DUE TO, OR AS	A CONSEQUENCE OF	V	
rise to the above cause (A) staling ! UNDERLYING CONDITION last.	(c)	Hyrrestension.	4	1
1	(0),			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION				
TO THE DEATH BUT NOT RELATED TO THE TERMIN. DISEASE OR CONDITION GIVEN IN PART 1 (A).	AL			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A. DATE OF OPERATION 179B. CONDITION FOWAS PERFORMED 21A. ACCIDENT WAS UNDERLYING TO	PR WHICH OPERATION	20A-AUTOPSYR (Yes or No) 20 IN	R IF YES, WERE FIND I CERTIFYING CAUSES	INGS CONSIDERED
OR CONTRIBUTING CAUSE OF	218 PLACE OF INJURY (e.g., i home, form, factory, street, a etc.)	n or about 21 C. WHERE DID fice bldg., INJURY OCCURT	(If In Baltimore Cit	y, give exact lacation)
W INC INTURY	216 INJURY OCCURRED	21% HOW DID INJURY	O C C U K?	
(APPROX)	While At Not White Work		10	
22. I certify that (1) (this hospital) attende	, in the second	1/30 19	12 10 7/	20 1922
that (1) (we) last saw the deceased alive a	77/2		n(my) (ou) apinian	death accurred an the date
and hour and fram the causes stated above	. (1) (We) (dld) (dld not)	view the body after death.		
23A. SIGNATURE	fr Ath	ending Med. Staff		7/2 0/-
23C. PHYSICIAN'S	DEGREE Phy	23D. ADDRESS	1. 4	1/50/71
NAME (Type) TOLVU OITE	Mh.	Meror Most	2 Back	LIVE NO
24A. BURIAL CREMATION, 124B. DATE 1240	NAME OF CEMETERY OF CR	EMATORY 24D. LD CA	ITION (City, &	own, or county) (State)
BURIAL 8/4/72 M	. AUBURN CEMET	ARY MI. W	INNANS BALT	. MD.
	trey horosto	25C, FUNERAL DIRECTOR	1639 hie	Maries .
VS 150-REV. 1/1/68	A	0 1 1		7-7-

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cate	prior
This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was B.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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		פלי	.0.7268 C	LTIMORE CITY	HEALTH DEPARTME	ENT	ח פרי	7268
BIRTH (.4.2		RTIFICA	IE OF DEA	TH REG. NO.	12 0	1200
1.NAM (Type o	e OF DECEASED	illiam C	annon	OLATI VI	2. D	7-24-72	TH I	1:25 P.
FULL N	IAME OF (IF	NOT IN HOSPITA DRESS OR LOCA	HERE PRONOUNCED D AL OR INSTITUTION, GI TION). Spital, Inc.		A. SIAIE	E, MD. 21205	Finstitution: resident NSIDE CITY LIMITS? YES YES	1001
5. SEX	6. RACE		MARRIED NEVE	= 1	8. DATE OF BIRTH 7/1/31	9. AGE (In years tost birthday)	Il Under 1 Yr. Monthsi Doys	Il Under 24 Hrs. Hours Min.
CO	JAL OCCUPATION ing most of working lif NSTRUCTION	o, even if retired)	WIDOWED 1	OVORCED	SNOW HILL,	N.C.	12. CITIZEN C	F WHAT COUNTRY?
	MES CANNON		1		VICTORIA	WILLIAMS 1007	E. PRESTO	N ST. BALT.
15. Was (Yes, no	Deceased Ever in or unknown) (If yes,	J. S. Armed Fore	of service) Nonser	LO243	17. INFORMANT	ON 1007 E. PRE	ADD	RESS
NO DISE	EASES OR CON to the above DERLYING COND THE SIGNIFICANT CO THE DEATH BUT NO TASE OR CONDITION	DENT CAUSES DITIONS II cause (A) (ITION last. II ONDITIONS CONTRELATED TO THE	ITERUTING E TERMINAL I (A) HIGH STATE I (A) HIGH OF THE WHICH OF	DUE TO, OR AS	Alcolo 20A. AUTOPSY? (Yes	olisus s or No) 208, IF YES, WER	E FINDINGS CONCAUSES OF DEATH	SIDERED 17
. OF	ACCIDENT WAS CONTRIBUTING TH (notily medical	UNDERLYING CAUSE OF	218 PLACE Of home, form, for elc.)	FINJURY (e.g., in eclory, street, affi	or obout 21 C. WHERE CO bldg. INJURY OCC	DID (If In Boltin	nore City, give exoc	t location)
SOF	TIME (Month) INJURY PROX.)	(Doy) (Year)	(Hour) 21E INJURY C	Not While At Work		ID INJURY OCCUR?		77-15
thos	(We) last sov	the deceased	attended the deceas	7-24	7 - 23	19 <u>72</u> ta ond that in (my) (our) o	7-21 pinian deoth occ	19 72.
23A.	SIGNATURE	Durlin	ed obove. (I) (We) (di	d) (ZGIC) vi-		Stoff & Phys.	238, DATE SIGN 7-24-72	
23C.	PHYSICIAN'S NAME (Type)	Claudi	us Klimt, M.	D. DEGREE	Mercy	Hospita, Inc	•	
BU.	RIAL CREMATION, MOVAL (Specify) RIAL	7/28/72	MT AUBURN	METERY of CREA		1000	City, town, or coun	tyl (State)
	TE REC'D BY HEAD	1 1972	25B. NAME OF REGISTR	shorts.	25C. FUNERAL DIR	es Francis	9 N. Bros	etway .
V3 150+	REV. 1/1/68	1 10 0	2 5 1 /		1	1 11		

(Disserted School Coquelly)

C-625

72 17269 BALTIMORE CITY HEALTH DEPARTMENT

25	A. DATE REC'D BY HEALT	H DEPT.	258. NA	ME OF REGISTRAR	25C. FUNERAL D	IRECTOR	AD	DDRESS	
RE	MOVAL (Specify)	8-3-19	72	St. Stanislau	8		re, Mary	land	
	ACTUAL SIGNATURE EXAMINER'S NAME (Type) A. BURIAL CREMATION,	Marvin 248. DATE	S. P1	A Plat M.D. 24C. NAME of CEMETERY	ASSISTANT MED	ICAL EXAMINER	(City, town,	7-31-	
	l certify that			Accident Suicid	e Homicide	on this basis, Undeterminical EXAMINER	death in my o	opinion	
Σ		(Doy) (Yeor			WHILE C	ID INJURY OCC	JR?		
EDICAL	22A. EXTERNAL CAU UNDERLYING OR CO	ONTRIB-	2	2B. PLACE OF INJURY (e.g., ome, lorm, loctory, street, office	n or obout 22C. WHERE bldg., etc.) INJURY OCC	DID (II in Boltimo	re City, give exac		<u> </u>
CERT	20A. DATE OF OPERATI	ON 208. CON	NDITION F	OR WHICH OPERATION WA	S PERFORMED				PSY? (Yes or No)
CERTIFICATION	OTHER SIGNIFICANT OF THE DEATH BUT NO DISEASE OR CONDITION	OT RELATED TO	THE TERMIN						
NO	ANTECEDEI DISEASES OR COND RISE TO THE ABOVE UNDERLYING CON	ITIONS, IF ANY CAUSE (A) STAT DITION LAST.	, GIVING IING THE	(B)(C)	AS A CONSEQUENCE OF				
	(This does not meon theort foilure, osthenio, injury or complication to	etc. It meons the	disease,	(A)IMMEDIATE C DUE TO, OR A	AUSE S À CONSEQUENCE OF:				
	DISEASE OR CO	I NDITION DIREC	CTLY	CAUSE OF DEAT	н Lerotic cardi	ovascular	disease	BETWE	PROXIMATE INTERVAL EEN ONSET AND DEA
	WAS DECEASED EVER	N U.S. ARMED		17. SOCIAL SECURITY NO. 216-28-6186	18. INFORMANT Margaret	Chrusnial		Rose	Street
	ne during most of working life		148. KIND	OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN Sophia Bu				
11.	Baltimore, Ma	reign country)		2. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME ROMAN I.	Chrusniak			
	DATE OF BIRTH	10. AGE (In lost birthdo	yeors	Il Under 1 Yr. If Under 24 Hrs. Months ; Doys ; Hours ; Min.	E. STREET AND NUMB 2 N. Ros				
	male whi		8. MARRII WIDOWI	ED NEVER MARRIED DIVORCED DI	c. city or town Ba	lto.	D. INSIDE CIT		vo 🗆
OR	City Ho	spital	11014)		5. USUAL RESIDENCE A. STATE Md .		ed. If Institution: B. COUNTY	residence b	
FU	PLACE IN BALTIMORE, LL NAME OF (IF I DEPITAL ADD		L OR INSTI	TUTION, GIVE STREET	3. DATE PRONOUNCED DEA	Month 7	30	Yeor 1972	4:25p
	NAME OF DECEASED	RION M.	CHRUS	NIAK	2. DATE Known OF DEATH Estimate		Doy	Yeor	Hour
DI	RTH NO.			DIAID OF R	ARYLAND-DHAH				7269

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Aug. 12, 1932 Baltdaces, Maryland

Foresan Longoborean

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Rossis T. Chruseniak

Sophila Bocoloweki

2 H. Rose Street Margaret, Jaraguett

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Middle Stores . E. Middle

Eurigl 6-3-1972 St. Stanislaus

U.B.A.

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Bull'thereof Maryland

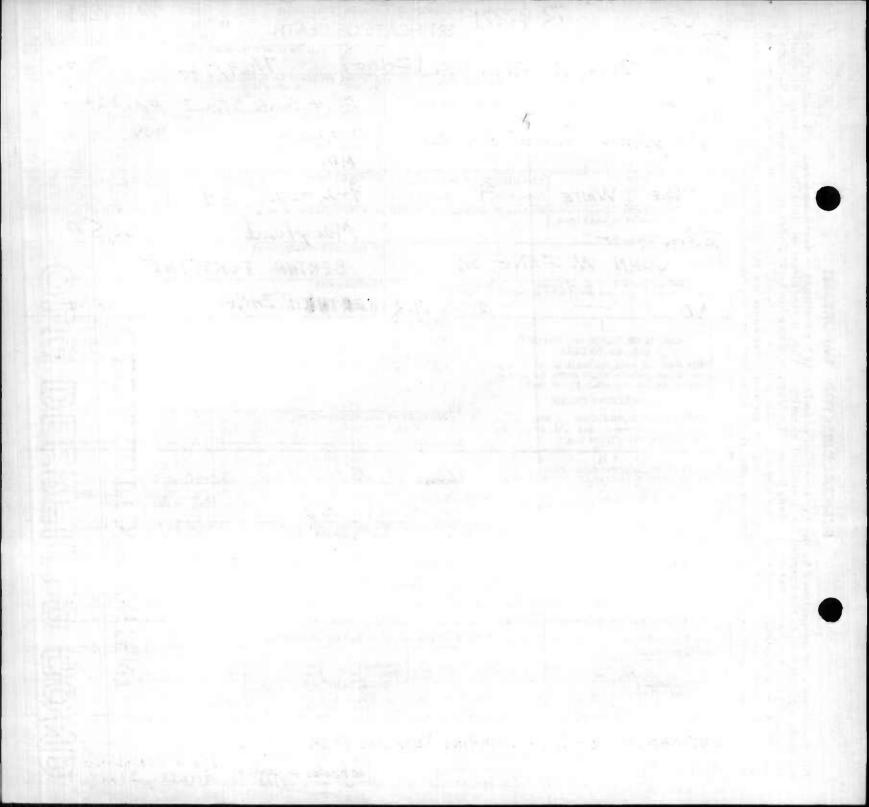
Lilly & Zeiler Inc. 1901-07 sectors Ave.

BIRTH NO.	72	0727	CERTI	FICA	TE OF D	EATH	REG. I		2 07270 F MARYLAND = DIDEN
1. NAME OF DE	John Bai	ley(J			ILEY)		NO HOUR OF		5:05 P.A
3. PLACE IN BA	ALTIMORE, MARYLAND, W	HERE PRONC	UNCED DEAD		4. USUAL RESID	B. COU	ere deceased liv	ed. If institu	utian: residence before admission
FULL NAME OF	F (IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTIT	TUTION, GIVE STR	EET	Maryla		NIY		2607
NOTTUTTON	Baltimore City		tale		C. CITY OR TOW	/N		D. INSIDE	CITY LIMITS?
72.1	4940 Eastern	-	CGIS		Baltim			Y	ES X NO
9	Baltimore, Mar		21224		E. STREET AND		h Street	212	24
5. SEX Male	6. RACE Caucasian	WIDOWED		CED T	8. DATE OF SIRT 3/1/98	3	9. AGE (In year last birthday)	ors H	Under 1 Yr. If Under 24 Hrs.
done during most of	CUPATION (Give kind of work if working tife, even if retired)					(State or fare	eign country)	1	2. CITIZEN OF WHAT COUNTRY
Reti		Crown	:Cork &	Sea.			d e		U.S.A.
13. FATHER'S NA					14. MOTHER'S A	MAIDEN NA			
	George		У				Louis	sa St	rand
15. Was Decaase (Yes, na or unknaw	d Ever in U. S. Armed Form	ces? s of service)	1 6. SOCIAL SECURITY NO	0.	17. INFORMANT			7	ADDRESS
No			215-09-6		BCH Reco	ords 49	40 Easte	ern Av	e. 21224
1B. / 6 e	2// 1		CAUSE O	F DEAT	1				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEA	ASE OR CONDITION DIR	ECTLY	11	rebr	al 1	1			BETWEEN ONZET AND DEATH
(This does	not mean the mode of	dvina a a	(A) IMMED	IATE CAU	se with		es		
heart foilure,	, asthenia, etc. 11 means	the disease.	DUE TO	O, OR AS	CONSEQUENCE	OF:			
injuly of col	mplication which caused	death.)					/		
	ANTECEDENT CAUSES		(B) C	2561	home C	of /	ung		201
DISEASES	OR CONDITIONS, if	O, OR AS	A CONSEQUENCE	OF:	0				
UNDERLYIN	rise to the above cause (A) stating the UNDERLYING CONDITION lost.								
E TO THE DEA	II FICANT CONDITIONS CON TH BUT NOT RELATED TO THE CONDITION GIVEN IN PART	E TERMINAL	***************************************						
19A-DATE OF	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B- CONDITION FOR WHICH OPERATION WAS PERFORMED					? (Yos ar No	20B. IF YES,	WERE FIND	INGS CONSIDERED OF DEATH?
U 21A. ACCIDE	ENT WAS UNDERLYING UTING CAUSE OF	21 B.	PLACE OF INJUI	RY (e.g., in	or about 21 C. WH	ERE DID	(If In E	altimara Cit	ly, give exact lacotion)
DEATH (notify	y medical exominer	etc.	e, farm, foctory, s	street, of	ice bidg., INJURY	OCCUR?			
21D.TIME	(Manth) (Day) (Year)	(Hour) 21E	INJURY OCCUR	RED	2) F. HO	W DID INJ	URY OCCUR?		
OF INJURY (APPROX.) While At Not While Work At Work									
22. I certify	that (1) (this hospital)				6-11		10 77 4	7	- 30 1972
that (I) (we)	17								
	hat (I) (we) lost sow the deceased alive on 7-30 19 72 and that In (my) (our) pinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.								
23A. SIGNATE	URF	ed obove. (I) (me) (dld) (dld	not) vi	ew the body of	ter deoth.			
11 1	+ 1 1	11		Atter	ding Me		CLU 1-1	23 B	DATE SIGNED
23C. PHYSICIA	m D. Ma	rhen	1. D. OFGI	REE Phys.	Dire	ector 📙	Staff Phys.		7/30/72
NAME (1	Type)	0	7	2	3D. ADDRESS			4940	Eastern Ave.
Herb	ert G. Markley				Baltimore	City	Hospital		
AA. BURIAL CRE	MATION, 24B. DATE	24C. NA	ME of CEMETERY		MATORY	24D. L	OCATION	(City, to	wn, ar county) State)
Bur.	ial 8-2-72	2.	Oak Lawr	Cer	neterv	722	5 Easte	ם מתו	lud Do C- M-
SA. DATE REC'D			F REGISTRAR	. 901	25C. FUNERAL	DIRECTOR	1 0 66	201	I vd. Ba. Co. Mc
4061 1	972 Didges	Mish.	ZX BAY	7	Charle	10013	eiler R	alto.	astern Ave.
S 150-REV. 1/1/	68								7

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

-	7-520 72 07	TOTAL BALTIMORE CITY	HEALTH DEPARTMENT		72 07271			
BIR	TH NO.	CERTIFICA	TE OF DEATH		OF MARYLAND-DHMH			
	De or Printl	10 (76	NG) 2. DATE AND	HOUR OF DEATH	. 30			
3.	PLACE IN BALTIMORE MARYLAND, WHERE PRO	ONOUNCED DEAD		deceased lived. If inc	stitution: residence before admission)			
			A. STATE B. COUNTY	1 .	4712211 762			
HC	LL NAME OF UF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION!	ISTITUTION, GIVE STREET	C. CITY OR TOWN	5treet	#2/224 - 1000 DE CITY LIMITS?			
0	Maryland General	11/10 - 161	Baltimore		YES NO			
0	Marylana Ceneral	10301101	E. STREET AND NUMBER					
			MD					
5, 5	MALE WHITE WIDOW	MED DIVORCED	9-21-02	AGE (In years birthday)	Months Days Hours Min.			
	USUAL OCCUPATION (Give kind of work 108, KIN) during most of working life, even if refired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State at foreign	countryl	12. CITIZEN OF WHAT COUNTRY?			
1	FATHER'S NAME		Marylano	1	U,S,A,			
13.	JOHN W. ZAN	C SD	14. MOTHER'S MAIDEN NAME					
		G, JK		FORSYTH	IE			
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (if yes, give war or dates of servi	icel SECURITY NO.	17. INFORMANT	NO	ADDRESS			
	NO -	217-05-1912	BEATA CER. ZA	NG-	SAME			
	18. 162 / 1	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY Bronchagenic careinand with metastases							
	(This does not mean the mode of dying,		SE A CONSEQUENCE OF:		- Jeans			
	heart failure, asthenia, etc. It means the dise injury or complication which caused death.)	:USG,						
	ANTECEDENT CAUSES	(B)						
	DISEASES OR CONDITIONS, If any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF					
	UNDERLYING CONDITION last.	(c)						
7	11							
TOL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG Uning	retention secondar	-x to obstrue	etim			
5	DISEASE OR CONDITION GIVEN IN PART 1 (A).		20A AUTOPSYZ (Yes or No.					
CERTIF	WAS PERFORMED		NO	IN CERTIFYING CAL	JSES OF DEATH?			
¥	21A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21 B. PLACE OF INJURY (e.g., in home, farm, factory, street, of etc.)	n of about 21 C. WHERE DID fice bidg. INJURY OCCUR?	(II In Baltimare	s City, give exact lacation)			
MEDIC	21D-TIME (Month) (Day) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?				
E	OF INJURY	White At Not White						
	22. I certify that (1) (this hospital) attend		7/20/72 10	**	July 29 1972			
	that (1) (we) last saw the deceased alive		9 19 7 2 and that	In (my) (out) only	nton death accurred on the date			
	and hour and from the causes stated above							
	23A. SIGNATURE		1		23B, DATE SIGNED			
	Karen S. Hou	rtain MD Atter	nding Med. St	off. 🔀	7/29/72			
	23C.PHYSICIAN'S NAME (Type)		23D. ADDRESS		011			
	Karen S. Foo	entain MD	910 Belgian 1	trenue,	Politimere, I ld.			
24/	REMOVAL (Specify) 248 DATE 24	C. NAME OF CEMETERY OF CRE	MATORY 24D. LOC	ATION (Cit	y, town, or county) (State)			
E		ORRAINE MEMOR	IAL PARK 5608	DOGWOOD	RD. BALTO. CO., MD			
25	A. DATE REC'D BY HEALTH DIPL 258. NA	ME OF REGISTRAR	Scharles S. Parl		CONKLINGS ST.			
VS	150-REV. 1/1/68		Washings as Sel	BALT	01, 21224, MD.			



FUNERAL DIRECTOR: IMPORTANT

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61-49-16

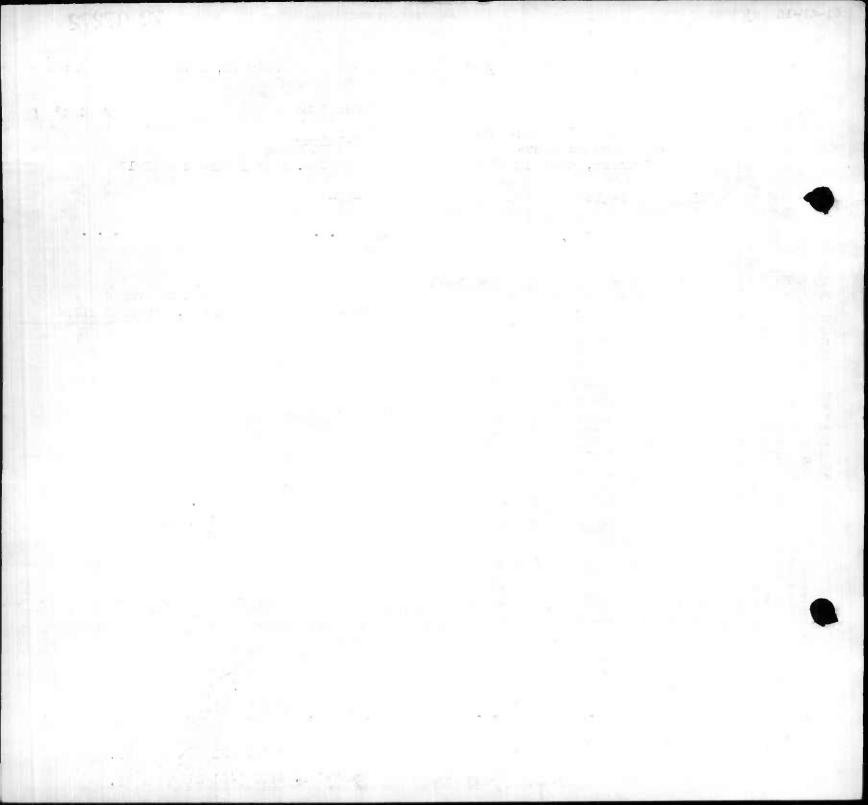
1 / = 1/20	TY HEALTH DEPARTMENT ATE OF DEATH REG. NO.	72 07272
I. NAME OF DECEASED (Type or Print) Robert Luckey (Lucky)	2. DATE AND HOUR OF DEATH July 22, 1972.	OF MARYLAND-DHMH 12:42 p
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) Baltimore City Hospitals 4940 Eastern Avénue Baltimore, Maryland 21224	4. USUAL RESIDENCE (Where deceased lived, II A. STATE B. COUNTY Maryland C. CITY OR TOWN Baltimore E. STREET AND NUMBER 1800 W. Mosher Street	SIDE CITY LIMITS? YES NO
Male Negro Neg	8. DATE OF BIRTH 9. AGE (in years last birthday) 70 11. BIRTHPLACE (State or foreign country) S.C.	Months Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY: U.S.A.
15. Was Deceased Ever in U. S. Armed Forces? [Yes, no of unknown] (If yes, give wor at dots of service) 16. SOCIAL SECURITY NO.		on Avenue Maryland 21224
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES	тн	approximate interval BETWEEN ONSET AND DEATH 20 minutes
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	S A CONSEQUENCE OF:	***************************************

HOSPITAL OR	ADDRESS OR LOC	TAL OR INST	TITUTION, GIVE STREET	Maryland		1604				
INSTITUTION	altimore City		ale	C. CITY OR TOWN		D. INSIDE CITY LIMITS?				
	940 Eastern Av	_	u Lo	Baltimore	4050	YES X NO				
	altimore, Mary		1224	1800 W. Mosher Street 21227						
S. SEX	6. RACE			8. DATE OF BIRTH						
Male	Negro	WIDOWE		6-12-02		Months Doys Hours Min.				
10A, USUAL O	CUPATION (Give kind of wor of working life, even if retired)	k 108, KIND	OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTR				
cone coming most	Ret.			S.C.		U.S.A.				
13. FATHER'S N				14. MOTHER'S MAID	EN NAME					
	*									
5. Was Deceas	sed Ever in U. S. Armed Fo	reas?	1 6. SOCIAL	17. INFORMANT						
Yes, no or unkno	wn) (If yes, give wor ar dot	s of service	SECURITY NO.	17. INFORMANT	4940 Eas	stern Avenue RESS				
				BCH-Record	s Baltimor	re, Maryland 21224				
18.	21217	250	CAUSE OF DEA	TH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT				
DISE	ASE OR CONDITION DI	RECTLY	/-	D)				
(This does	nat mean the made of	dvina o	(A) IMMEDIATE CA		c arre	st 20 minutes				
heart failur	e, asihenia, elc. if means	the diseas	e, DUE TO, OR AS	A CONSEQUENCE OF:						
infuty of C	amplication which caused			1						
	ANTECEDENT CAUSES (B) UN FNOWN									
DISEASES	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:									
	NG CONDITION last.	stating Iti	(C)							
	11		(4/)							
OTHER SIGN	VIFICANT CONDITIONS CO	NTRIBUTING	dich	elec me	11.415					
DISEASE OR	CONDITION GIVEN IN PAR	T 1 (A).	· · · · · · · · · · · · · · · · · · ·	TTC S MY	(11100)	***************************************				
	OF OPERATION 198 CON WAS PER	FORMED	WHICH OPERATION	Yes	or No. 208, IF YES,	WERE FINDINGS CONSIDERED IG CAUSES OF DEATH?				
OR CONTRI	BUTING CAUSE OF	21	B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE	DID (II) in B	oltimore City, give exoct location)				
O DEATH (not	ify medical examined	el	c.)	mice biog., INJURY OCC	O K!					
OF INJURY	(Month) (Doy) (Year)	(Houst 21	E INJURY OCCURRED	21 F. HOW D	D INJURY OCCUR?					
(APPROX)		W	/hile At Not Whi	10						
22. I certif	22 1									
	11.400									
23A. SIGN A1	and haur and from the causes stated abave. (1) (Well (did) (did nat) view the body after death.									
//	1. + h 11.	. 1.0.	// N AH	ending Med.	Staff 10	23 B. DATE SIGNED				
23C. PHYSIC	by V. Ma	new	DEGREE Phy	S. Director	Phys.	1/22/72				
NAME	(Type)			23D. ADDRESS 4940	Eastern Ave	enue /				
	Hubert G. Mark	ley M	.D. DEGREE	Baltimore, Ma						
4A. BURIAL CE REMOVAL	REMATION, 1248, DATE		AME of CEMETERY OF CR	EMATORY	AD. LOCATION	(City, town, or county) (Stote)				
BURIA		ARI	BUTUS MEM. PARK		DATMTHOD =					
	D BY HEALTH DETT.	258. NAME	OF REGISTRAR	2SC. FUNERAL DIR	BALTIMORE ECTOR	ADDRESS				
AUG1	1972 Dudy	4/2/1	without a	SAMUEL T.	REDD 3401 G	RANTIRY DD				

VS 150-REV. 1/1/68

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72 07273 BALTIMORE CITY HEALTH DEPARTMENT

DISTURIO	MED	ICAL E	ATE OF MARYL	CE	RTIFIC	CATE O	F DEA	TH REG. NO	72 0	7273
BIRTH NO.		0).	ALE OF MILITIA		DATE	Known XX	Month	Day	Year	Hour
(Type or Print)	Anita Taska	(Maekar	.)	-	OF	Estimoted [_	24	72	
	MORE MARYLAND W	HERE PRONG	DUNCED DEAD	3.	DEATH	Esimilared E	Month	Doy	Yeor	Hour '
FULL NAME OF	LOUR ESSOCILOGA	L OR INSTITUTI	ON, GIVE STREET			JNCED DEAD	7	24	72	10:30 p
OR IN SUI DIO	3200 Auch				USUAL RI STATE Md		ere deceosed	lived. If institution B. COUNTY	residence b	efore odmission)
6. SEX 7	RACE	B. MARRIED	NEVER MARRIED	C.	CITY OR	TOWN		D. INSIDE CIT	Y LIMITS?	and the second
female	Negro	WIDOWED	DIVORCED [Balt	0.		YE	s 🗆 ı	NO 🗆
9. DATE OF BIRTH	10. AGE (In lost birthdo		nder 1 Yr. If Under 24 Hrs. Ihs Doys Hours Min.	E.		ND NUMBER				
9-25-15	56			L		0 Aucher	toroly	Terr.		
11. BIRTHPLACE (Sie		. \	CITIZEN OF WHATTERUNTRY?	13	. FATHER		Managar			
	re, Marylan		00	L		Charles		7	121.1	
done during most of wor Housewi	king life, even if retired)	14B. KIND OF	BUSINESS OR INDUSTRY	Y 15		s's maiden n Sarah Ha				
16. WAS DECEASED	EVER IN U.S. ARMED	FORCES?	17. SOCIAL	18	INFORM	MANT	- 70	AC	DRESS	
No No or unknown) (II	f yes, give wor or dotes	of service)	219-30-9229		Vern	on Task	er	3200 Au	chento	oroly Ter
19.	251.0		CAUSE OF DEA	TH				200		PROXIMATE INTERVAL EEN ONSET AND DEATH
DISEASE	OR CONDITION DIRE	CTLY	Elec	tr	ocuti	on				
	ADING TO DEATH		(A)IMMEDIATE							
heort foilure, o	meon the mode of dy sthenio, etc. It meons the licotion which coused dec	diseose,	DUE TO, OR	AS A	CONSEQ	UENCE OF:				
injury or compi	medicin willen codaed det	,,								
	ECEDENT CAUSES		(B)	A C	A CONST	QUENCE OF:				
RISE TO THE	CONDITIONS, IF ANY	GIVING	DUE 10, OK	AS	A CONSEC	JUENCE OF:				
Z UNDERLYING	CONDITION LAST.		(c)							
5	11	DA IZBIBLIZIA (O								
♥ TO THE DEAT	ICANT CONDITIONS CO H BUT NOT RELATED TO ONDITION GIVEN IN PA	THE TERMINAL								
20A. DATE OF C			WHICH OPERATION W	AS	PERFORM	ED			21. AUTO	PSY? (Yes or No)
0 0)										YES-PARTI
₹ 22A. EXTERNA	AL CAUSE WAS	22B.	PLACE OF INJURY (e.g.,	in	or obout 2	2C. WHERE DI	D (If in Boltim	ore City, give exo		120 1416771
UNDERLYING CAUS		hom	e, form, foctory, street, offic	e bl	dg., etc.) II	NJURY OCCUR	?		1	304
UTING CAUS) (Hour) 2	HOME 2E, INJURY OCCURRED	-6	2	3ZUU At	ichento	roly Terr		
OF INJURY (APPROX.)	7 24 72	2 1			IILE XX	Subject	appare	ntly elec	trocu	ted by
23.	, 24 /	* m.\			k 201	window	fan.			
1 certify	y that I held on 1	nquiry 🗌			sy 💉	and that ar	this basts	, death in my	apinian	
resulte	d fram: Natural cau	ses A	ccident Suicio	de [□ на	micide 🔲	Undetern	nined manner		
	1	//				CHIEF MEDICA		(m)	A 15	
ACTUAL	Xue	1115	M1110,			STANT MEDICA				DATE SIGNED
SIGNATUR	1 /	pkovic	M D	Ο.		CIATE MEDICA				7/25/72
NAME (Typ	oe)									
24A. BURIAL CREMA REMOVAL (Specify)	TION, 24B. DATE	24	C. NAME of CEMETERY	90	CREMATO	DRY 24	D. LOCATIO		, or county)	
Burial	7-29-	-72	Woodlawn			1	Balt	imore, M	aryla	nd
25A. DATE REC'D BY		258 NAME	OF REGISTRATE	0	40	FUNERAL DIRE			DDRESS	
A	IUG 1 1912	100	1000		F2 0	Kenneth	Law F	Н 461	l Par	k Heights
VS 151-REV. 1/1/68	NYI	7 1			U i	1 ()			-	

8-28-1972 - Letter from the Office of the Chief Medical Examiner, Peter Lipkovic, M.D. Assistant Medical Examiner. HRS

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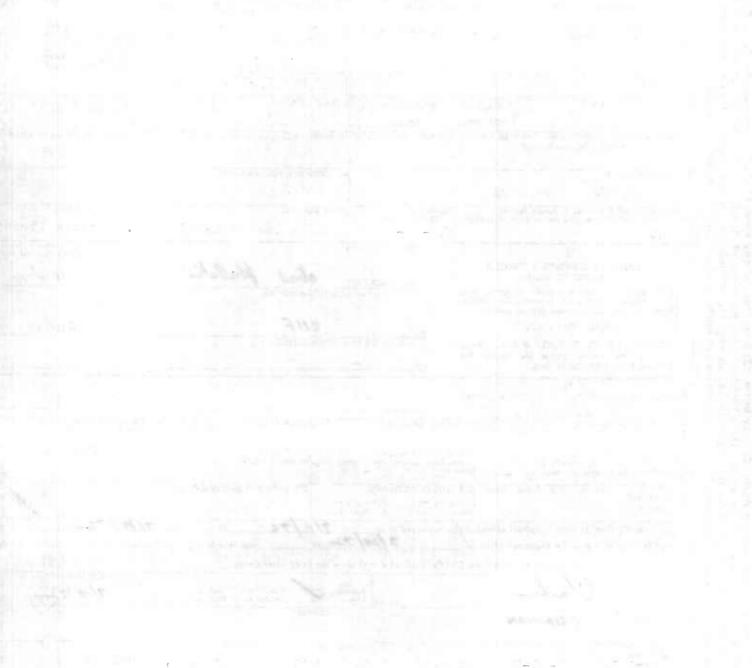
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	BALTIMORE CITY	HEALTH DEPARTMENT		MO CHOMA			
BIRTH NO. 72 07	274 CERTIFICA	JE OF DEATH	REG. NO.	72 07274			
I.NAME OF DECEASED	STATE OF MA	RYLAND-DHMH 2. DATE AL	ND HOUR OF DEATH				
ASTON /	18 NR4	7/2	7/24	1 2154 Am			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Whe	ere deceased lived. Il insti	itution: residence before admission)			
FULL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)	ASTITUTION, GIVE STREET	MARyland	6772 711	1301			
4940 Eastern Avenue Balt	imoro Marriand	C. CITY OR TOWN	D. INSIDI	E CITY LIMITS?			
	marytanu ,	E. STREET AND NUMBER	-	YES NO			
BALTIMORE CITY MO	sp. +A 21224	2228	mt Roya	l Terrace			
- 1 - 1 / 1 /	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost bigthday)	If Under 1 Yr. If Under 24 Hrs. Manths Doys Hours Min.			
IOA. USUAL OCCUPATION (Give kind of work 10B, KIN		11. BIRTHPLACE (State of fore	eign country)	12 CITIZEN OF WHAT COUNTRY?			
lone during most of working life, even if retired) Carpenter		JAMACA		al.s. p			
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	-4.5.74			
Patrick		m t an Mom	+				
5. Was Deceased Ever in U. S. Armed Forces? (es, no or unknown) life yes, give war at dotes at serv	16. SOCIAL	Estella Mar		ADDRESS			
No No or unknown) lif yes, give war at dotes at serv	L04-28-5720	BCH: RECORDS	4940 Easte Baltimore	ern Avenue , Maryland 21224			
16. 5 9 3, 21/	CAUSE OF DEAT	A.		APPROXIMATE INTERVAL			
DISEASE OR CONDITION DIRECTLY		chania -		BETWEEN ONSET AND DEATH			
LEADING TO DEATH	(A)IMMEDIATE CAU	ISE RESPIDATOR	1 ARREST	50m W			
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the disc	R.C.	A CONSEQUENCE OF:					
injury or complication which caused death.)	HV	Per-KALL	MIA				
ANTECEDENT CAUSES	and the same	Kalin 114	. 41 1	3 6			
DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS						
rise to the above cause (A) stating UNDERLYING CONDITION last.	the Plane	& Barline		54-			
11	(C)						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG D			111			
TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL Peric	A KOIHL efferen	preno Aff	1 / weeks			
19A DATE OF OPERATION 19B CONDITION I	OR WHICH OPERATION	20A. AUTOPSYT (Yes or No	IN CERTIFYING CAUS	IDINGS CONSIDERED			
Whe		No	III GERIII IIII GOOS	LJ OF BEXIII			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If In Baltimore (City, give exact location)			
O 21D. TIME (Month) (Day) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?				
OF INJURY (APPROX.)	While At Not While	П					
Work At Work							
			mhandilla	uly 1972			
that (i) (we) last saw the deceased olive			ot in(my) (our) opinio	on death occurred on the date			
and hour and from the causes stated above	(I) (We) (did) (did not) v	iew the body ofter death.					
23A. SIGNATULE			/	R. DATE SIGNED			
Kuhuyh h Ly	Acres Phys	nding Med. Director	Staff Phys.	July 27, 1972			
23C.PHISICIANS NAME (Type)		23D. ADDRESS		4940 Eastern Ave			
Richard L. Sylvan, N		5762 8	PRATTY STRE	Balto. Md. 212			
4A. BURIAL CREMATION, 24E. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY OF CRE	MATORY 24D. L	OCATION (City,	town, or county) (State)			
Burial 8-1-72	Mt. Auburn Cem	etery B	altimore, Ma				
	Livey And Horston	25C. FUNERAL DIRECTOR	4611 Park	Heights Ave.			
HOUT ISIC AN	A STATE OF THE	NJAL					

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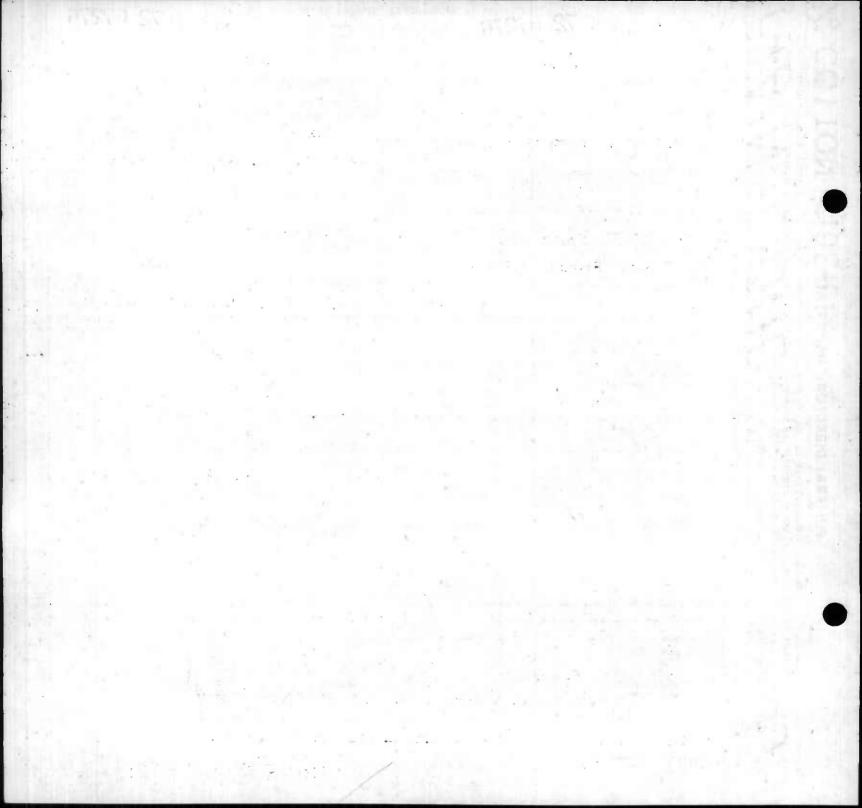
	HEALTH DEPARTMENT 72 07275				
BIRTH NO. 72 07275 CERTIFICA	TE OF DEATH				
I, NAME OF DECEASED	Z. DATE AND HOUR OF DEATH				
LIZZIE M. BROWN	JULY 28, 19721 2:30				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institutions residence before admit A. STATE B. COUNTY				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MD BALT. TO				
INSTITUTION	C.CITY OR TOWN D. INSIDE CITY LIMITS? YES NO NO				
BON SECOURS HOSPITAL	E. STREET AND NUMBER				
2 T	753 W. FAYETTE ST.				
TOTAL	8. DATE OF BIRTH 9. AGE (in years if Under 1 Yz. If Under 2. Months; Doys Hours; A				
WIDOWED DIVORCED DIVO	11. BIRTHPLACE (State of foreign country) 112, CITIZEN OF WHAT COU				
done during most of working life, even it refired)	W. Va USA				
13. FATHER'S NAME	ROSE COOPER				
WALTER BROWN	17. INFORMANT ADDRESS				
15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Rosa Lee Lewis 1028 W. Fayette Stre				
NO 213-26-0999					
4 × 1.0	BETWEEN ONSET AND				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAU	USE atrial phrillation 18 day				
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:				
injury or complication which caused death.)					
ANTECEDENT CAUSES (B) CHF weeks					
DISEASES OR CONDITIONS, if any, giving (8).	A CONSEQUENCE OF:				
DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stating the UNDERLYING CONDITION last, (C)					
DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL					
DISEASES OR CONDITIONS, if eny, giving ise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	A CONSEQUENCE OF:				
DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A AUTOPST? (Yes of No.) 20B. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
DISEASES OR CONDITIONS, if eny, giving ise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 17A-DATE OF OPERATION 17B CONDITION FOR WHICH OPERATION WAS PERFORMED 17A-ACCIDENT WAS UNDESTORE 1 21B PLACE OF INJURY (e.g., bottom for follow, street, of the condition of the part of the condition of the condi	20A AUTOPST? (Yes of No.) 20B. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examples) 21B. PLACE OF INJURY (e.g., 1 home, farm, foctory, street, of DEATH (notify medical examples)	20A AUTOPST? (Yes or No.) 20B. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? In or about 21C. WHERE DID (If In Baltimore City, give exact location) ffice bidg.				
DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19A. CONDITION FOR WHICH OPERATION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examined) 21B. PLACE OF INJURY (e.g., indeed, of the condition of the c	20A-AUTOPST? (Yes of No.) 20B. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? In or about 21C. WHERE DID (If In Baltimore City, give exact location) (If In Baltimore City, give exact location) (21F. HOW DID INJURY OCCUR?				
DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21D. TIME (Manth) (Doy) (Yead (Houd) 21E, INJURY OCCURRED While At Not While At Work	20A. AUTOPST? (Yes or No.) 20B. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? in or about 21G. WHERE DID (If In Baltimore City, give exact location) (INJURY OCCUR?)				
DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) staling the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21D. TIME (Month) (Doy) (Yead (Houd) 21E. INJURY OCCURRED While At Not While At Work 22. I certify that (I) (this hospital) attended the deceased from	20A-AUTOPSTR (Yes of No.) 20B. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? In or about 21C. WHERE DID (If in Baltimore City, give exact location) 21F. HOW DID INJURY OCCUR?				
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FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased VS 150-REV. 1/1/68

BALTIA	MORE CITY HEALTH DEPARTMENT
5-4/5 72 07276 CER	TIFICATE OF DEATH REG. NO. 72 07276 REG. NO. 72 MARYLAND-DHMH
I.NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) M. Gertrude Sulliva	7-30-72 3.00 P M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE : ADDRESS OR LOCATION) INSTITUTION	STREET Maryland D. INSIDE CITY LIMITS?
	Baltimore YES T NO [
1211 St. Andrews Way	1211 St. Andrews Way 21239
5. SEX 6. RACE 7. MARRIED NEVER MA	ADDIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.
	ORCED 3-17-1885 Iost birthdoy) Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS Of done during most of working life, even if retired)	R INDUSTRY 11. BIRTHPLACE (State ar foreign caunity) 12. CITIZEN OF WHAT COUNTRY?
Ret'd. Director E. J. Gallagher &	Co. Baltimore, Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Timothy Francis Sullivan	Mary Girty
15. Was Deceased Ever in U. S. Armed Forces? (Yes, na ar unknown) (If yes, give war ar dates af service) 16. SOCIAL SECURITY	NO. 17. INFORMANT 4998551
No 213-12-8	Mr. Paul J. Plunkett 713 Fidelity Bldg.
1B. CAUSE	OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	O / DETWEEN ONSETAND DEATH
LEADING TO DEATH	MEDIATE CAUSE (Sexplero selero se Cerdio 10 eges
(This does not mean the mode of dying, e.g.,	ETO, OR AS A CONSEQUENCE OF:
heart failure, osthenia, etc. It means the disease, injury ar camplication which caused death.)	received
ANTECEDENT CAUSES	
	E TO, OR AS A CONSEQUENCE OF:
rise to the obove couse (A) stating the	
UNDERLYING CONDITION last. (C)	
- 11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Pulmonore, and Ayeund 10 m.
S DISEASE OR CONDITION GIVEN IN PART 1 (A).	
198. CONDITION FOR WHICH OPERA WAS PERFORMED WAS PERFORMED 218. ACCIDENT WAS UNDERLYING 1218. PLACE OF IN	ATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	NJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact lacotian) ity, street, office bldg., INJURY OCCUR?
U	
21D. TIME (Manth) (Doy) (Year) (Hour) 21E. INJURY OC	
(APPROX.) While At Work	Not While At Wark
22. I certify that (1) (this hospital) attended the deceased	1 fram Mar 3 1954 to Oschy 30 1972
that (I) (we) last saw the deceased alive an	6-27 1972 and that in(my) (ewr) apinian death accurred on the date
and haur and fram the causes stated abave. (1) (We) (did)	(d id not) view the bady after death.
23A. SIGNATURE	23B, DATE SIGNED
Frederick & Wallauer to	Attending Med. Stoff 7-31-72
23C.PHYSICIAN'S	23D. ADDRESS
NAME (Type) Frederick J. Vollmer,	. M. D. 6100 York Road
	OEGREE
REMOVAL (Specify)	
2011	
25A. DATE REC'DAN HEALTH DEPT. 25B. HAME OF REGITRAR	25C. FUNERAL DIRECTOR ADDRESS
HOUT BIL TOTAL	H. W. Jenkins & Sons Co., Md. 21212



	,				HEALTH DEPARTMEN		72 0727	ייין
	-3/4 H No.		07277	CERTIFICA			OF MARYLAND	DHMH
	AME OF DECEAS	Louis	e E	. Little	hale Ju	e and hour of deat 1y 31,	1972	4 A.N
3. P	LACE IN BALTIM	ORE, MARYLANO, V	VHERE PRONOL	INCED OEAD	4. USUAL RESIDENCE A. STATE B. C	(Where deceased lived. If	institution: residence b	efore odmission)
FUL HO IN \$	L NAME OF SPITAL OR TITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTITU ATION)	JTION, GIVE STREET	Maryland c. city or town Baltimor	D. IN	ISIDE CITY LIMITS?	<i>50</i> ○
	10 L	ong Green	Nursi	ng Home	E. STREET AND NUMB			
• S	EX 6. R	W	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 6/12/1886	9. AGE (In years lost birthday)		Under 24 Hrs.
		ing life, even if retired)		Home	Phila. Pa		12. CITIZEN OF W	
3. 1	ATHER'S NAME				14. MOTHER'S MAIDEN	INAME		
	Charles	F. Esche	r		Louise Du	ncan		
5. V	Vos Deceased Eve	er in U. S. Armed Fo	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	21212
. 03	No	,, g noi oi doi		215-22-1101	Charles F	ord, 328 Pa	addington	
	18. 44 / 7	912		CAUSE OF DEAT		_	APPROXI	MATE INTERVAL
Z	(This daes not heart failure, astinjury ar camplic ANT DISEASES OR rise to the CUNDERLYING C	ADING TO DEATH mean the made at henia, etc. It means ration which causes rECEDENT CAUSE: CONDITIONS, if above cause (A) ONDITION last.	dying, e.g., s the disease, d death.) S any, giving stating the	(A) IMMEDIATE CAI DUE TO, OR AS (B) DUE, TO, OR AS (C) A	A CONSEQUENCE OF: A CONSEQUENCE OF:	oris ge	included:	30°
U	TO THE DEATH B	UT NOT RELATED TO DITION GIVEN IN PA	THE TERMINAL RT + (A).	WHICH OPERATION	20 A. AUTOPSY? (Yes	or No) 20B. IF YES, WER	E FINDINGS CONSIDI	ERED
ERTIF	0				no			
0	21A. A CCIDENT OR CONTRIBUTION DEATH (notify me	WAS UNDERLYING [IG CAUSE OF dical examiner)	21 B hom etc.	. PLACE OF INJURY (e.g., e., form, loctory, street, o	ffice bldg., INJURY DCCU	ID (If in Boltin IR?	nore City, give exact lac	ation)
	21 D. TIME (M OF INJURY (APPROX.)	lonth) (Doy) (Year)		INJURY OCCURRED ile At Not Whi rk At Work	le 🗖	D INJURY OCCUR?		30
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		am the causes sta	ited abave. ((did nat)	view the bady after de	ath.		
	23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	P.	Freem	DEGREE Phy	Med. Director	Staff Phys.	23B, DATE SIGNED	72
	TANE (Type)	Norman R.	Freem	an, Jr.	11 W 29th	n St.		
24A	BURIAL CREMA	TION, 24B. DATE	24C. N.	AME of CEMETERY OF CR	EMATORY 2	4D. LOCATION	(City, town, or county)	(Stote)
	Surial DATE REC'D BY	8/2/72 HEALTH DEP	25B. NAME.	t Stephen's	Church 25C. FUNERAL DIRE H.W. Jenki	ns & Sons	Mary Co. 4905 Y	RESS
75	150-REV. 1/1/68	1 7 7	1	Man and a second	U al J	Dalto.	Md . 21212	

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of death (5) Deceased Such a hospital and 00 death. ance cause attend cause; 9 prior contributing occurred Undetermined made regular deceased disposition Was the uo death or final attendance any pronounced embalmed o fracture ular 5 w ho 9 are 3 physician before the remains chief medical Was physician (2) Body the O where hospital o Z any nature; obtained 9 approved (except and hospital death) must was released accident

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prior 40

deceased

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D.O.A.

the body

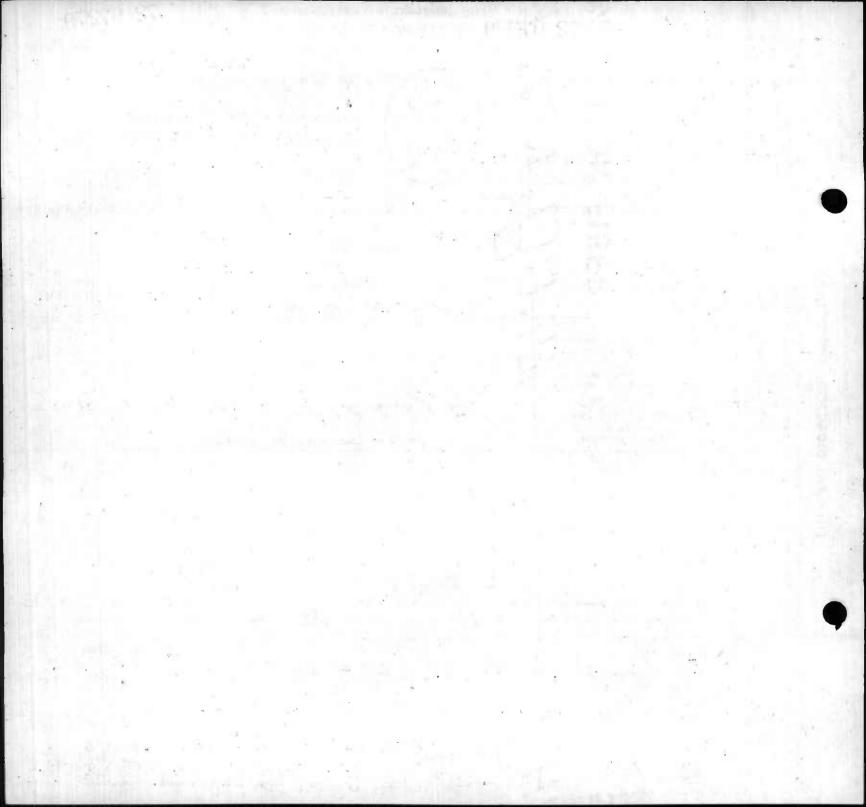
BALTIMORE CITY HEALTH DEPARTMENT 72 07278 CERTIFICATE OF DEATH REG. NO. BIRTH NO 2. DATE AND HOUR OF DEATH OF 1. NAME OF DECEASED (Type or Print) 0 MGAN, Anne S. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY Md. C. CITY OR TOWN D. INSIDE CITY LIMITS? Baltimore Good Samaritan Hospital YES TO NO E. STREET AND NUMBER 5601 Loch Raven Boulevard 3 Beechdale Road Baltimore Maryland 21239 B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Ooys If Under 24 Hrs. 5. SEX 7. MARRIED X NEVER MARRIED Hours lost birthdoy 12-19-11 WIDOWED DIVORCED 60 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Homemaker Own Home Maryland U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Gennie Carroll John Sanford 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 215 07 2604 Daniel Same Dugan CAUSE OF DEATH 1B. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This daes not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, injury as camplication which caused death,) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last, ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? U 21A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examined etc.) 21 D. TIME (Hour) (Month) (Dov) (Year) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that Att (this hospital) attended the deceased from_____ 7/30 19 2 2 ond that in (pr) (our) opinion death occurred on the date that (M/(we) lost sow the deceased alive on ... and hour and from the couses stated above. (1) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Med Staff Director L Phys. 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS Owellen M.D BEGREE Richard J. 5601 Loch Raven Boulevard 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION Burial Greenmount

approval ritten 25C. FUNERAL DIRECTOR ADDRESS 258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT & Sons York Rd VS 150-REV. 1/1/6B

8-8-1972 - Correction form from Funeral Director-Henry W. Jenkins & Sons Co.
4905 York Road, Balto., Md. 21212
signed by John A. Slade, Pres.

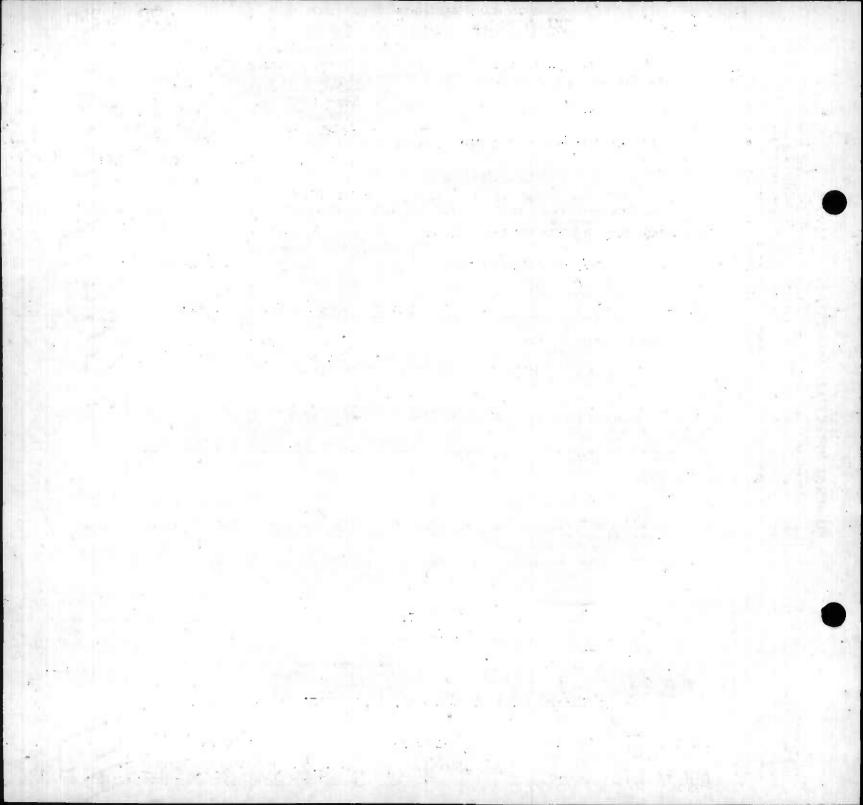
HRS

			,	BALTIMORE CITY	HEALTH DEPARTMENT		72 07279
	-520	72	07279	CERTIFICA	TE OF DEATH	REG. NO.	
11	TH NO.					AND HOUR OF DEATH	OF MARYLAND-DHAM
	pe or Print)	Mary A	gnes Jo	ones		7-30-72	1/2:30 PM
3.	PLACE IN BALTI	MORE MARYLAND, W		CED DEAD	4. USUAL RESIDENCE (VA. STATE B. CO	Vhere deceased lived, If is	nstitution: residence before admission)
F11	LL NAME OF	HE NOT IN HOSPIT	AL OR INSTITUT	ON CIVE STREET	Md.		2758
HC	SPITAL OR	(IF NOT IN HOSPIT, ADDRESS OR LOCA	ATION)	ON, GIVE STREET	C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
	A				Baltimore		YES NO
2	クロ	2017 Swan	ean Rd	21239	E. STREET AND NUMBER		
-					2017 Swans		1239
5, 5	F	6. RACE	WIDOWED K	NEVER MARRIED DIVORCED	1-9-1907	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		PATION (Give kind of work orking life, even if retired)	108. KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
0011	Homem		Own	Home	Baltimore	, Maryland	USA
13.	FATHER'S NAM				14. MOTHER'S MAIDEN		
	Edward	J. O'Malle	ey		Anna	T. Brayden	
15.	Was Deceased	Ever in U. S. Armed For	ces?	6. SOCIAL	17. INFORMANT		ADDRESS
(re	no of unknown)	(If yes, give wor or dote		SECURITY NO.	BD Mrs. Fran	6302 J	
_	18. / / /	.9		CAUSE OF DEAT		in 1. Hogan	21212
	DISEASE	OR CONDITION DI	RECTLY				BETWEEN ONSET AND DEATH
	ı	EADING TO DEATH		(A) IMMEDIATE CAL	ISE M		sudde
		I mean the mode of isthenio, etc. It means		DUE TO, OR AS	A CONSEQUENCE OF:		*
		olication which caused		· ·			1
		NTECEDENT CAUSES		(B) (Joro	my on	leny disease	~ I year.
		R CONDITIONS, if above couse (A)		DUE 10, OR AS	A CONSEQUENCE OF:	,	7
		CONDITION lost.		(c) 1111	enoul	Curcume.	
z		- 11					
110		CANT CONDITIONS CO I BUT NOT RELATED TO TI					
4		OPERATION 198 CON		IICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES. WERE	FINDINGS CONSIDERED
CERTIFIC	0	WAS PERI	FORMED		no	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
	21A. ACCIDEN	T WAS UNDERLYING	21 B. PI	ACE OF INJURY (e.g., i	n or about 21 C. WHERE DIC	(If in Baltima	re City, give exact location)
CAL	DEATH (notify	medical examiner	etc.)	ionii, locioly, silect o	ince sings, into ki occok		
MEDIC	21D. TIME	(Month) (Doy) (Year)	(Hour) 21 E. II	NJURY OCCURRED		INJURY OCCUR?	
٤	(APPROX.)		White Work	At Work	e		
	22. I certify t	hat (1) (this hospital		~	may	1957 to	7/30 1972.
		ast saw the decease	4	7 / -	~ ~		inian death accurred an the date
				•	iew the bady after dear		
	23A SIGNATUR		2		Tow the budy differ deal		23B. DATE SIGNED
	1		- the		mding Med.	Staff	7/3/2
	23C. PHYSICIAN	rs		Phy Pegree Phy	23D. ADDRESS	Phys. L.J	1/2//2
	PHYSICIAN NAME (Ty		M D			Cond Da	
24/	BURIAL CREN	d Richter,		OF GREE		ord Rd.	ity, town, or county) (State)
	REMOVAL (Sp	ecify)			The second second		
	Burial	8-1-7		Cathedral	25C. FUNERAL DIRECT	Baltimore,	Maryland
	AUG 1	1972	STATE OF THE STATE	Chia.	H.W.Jenkir	s Sons Co.	4905 York Rd.
v's	150-REV. 1/1/6	В	1/1/		13 2 7 B	Utimore, M	d. 21212
-							



FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT 72 07280 CERTIFICATE OF DEATH REG. NO. h occurred in a hospital and contributing cause of death stermined cause; (5) Deceased n regular attendance on the I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Hilary W. Gans July 31, 1972 death. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? 0 Baltimore YES NO Long Green Nursing Home prior E. STREET AND NUMBER 100 W. Cold Spring Lane (4) Undetermined disposition is made. 5. SEX 8, DATE OF BIRTH 9. AGE (In years tf Under 1 Yr. Months: Doys If Under 24 Hrs. 6. RACE 7. MARRIED T NEVER MARRIED deceased Hours lost birthdoy W 9-21-1898 WIDOWED DIVORCED IDA. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Ret'd. Attorney Niles-Barton-Wilmer USA Maryland Was 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the Edgar Hilary Gans Elizabeth Wall death Lo 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS 16. SOCIAL final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance WWI 215-14-8750A Yes Mrs. Hilary W. Gans Same any CAUSE OF DEATH APPROXIMATE INTERVAL pronounced 0 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF embal heart failure, osthenia, etc. It means the disease, gular injury ar camplication which caused death,) ANTECEDENT CAUSES who 9 are DUE TO, OR AS A CONSEQUENCE OF: 4 DISEASES OR CONDITIONS, il any, giving rise to the obove cause (A) stating the physician UNDERLYING CONDITION last. remains Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING an TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) the 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the 218. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exact location) where to the hospital ŝ DEATH (notify medical examiner) etc. MEDI 21 D. TIME obtained 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 9 Not While OF INJURY (except While At (APPROX.) Work and 22. I certify that (1) (this hospitat) attended the deceased from that (1) (we) last saw the deceased alive an and that in (my) (ever) opinion death accurred on the date eath) hospital the body was released and hour and from the causes stated above. (1) (We) (did) (did not) view the bady after death. must 23A. SIGNATURE 23B, DATE SIGNED Ū Attending Med. 0 Phys. Director ___ approval 0 23C. PHYSICIAN'S 23D. ADDRESS prior to William G. 5006 Roland Ave. Helfrich O. A. shows: (1) was D.O.A. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24D. LOCATION (City, town, or county) (Stote) eceased Burial 8-3-72 New Cathedral Balto. Md. H. W. Jenkins & Sons Co. 25A. DATE REC'D. BY HEALTH DEET-



72 07281 STATE OF MARYLAND-DHMH BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO BIRTH NO 1. NAME OF DECEASED 2. DATE Known [] Month Day Hour Year HENRY WILLIS (Type or Print) OF Estimoted DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE Month 290 1972 6:40p PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived, If Institution: residence before admission) B. COUNTY Lutheran Hosp. (DOA) 7. RACE C. CITY OR TOWN D. INSIDE CITY LIMITS? 6. SEX B. MARRIED X NEVER MARRIED Balto. male negro YES T WIDOWED [DIVORCED NOL E. STREET AND NUMBER 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. lost birthdoy) 37 Months | Doys | Hours | Min. 1403 Dukeland Ave. 2-28-35 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? CHARLOTTE, NORTH CAROLINA DAIVID WILLIS 4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired) GERTRUDE WILLIS 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO. 239-50-2681 **ADDRESS** 18. INFORMANT (Yes, no or unknown) (If yes, give wor or dotes of service) MARILYN WILLIS 1403 DUKELAND STREET APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH Arteriosclerotic cardiovascular disease DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart foilure, osthenio, etc. It meons the diseose, injury or complication which coused death.) **ANTECEDENT CAUSES** DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C). Z 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 20 A. DATE OF OPERATION | 208. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) yes EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location) home, form, loctory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB UTING CAUSE OF DEATH 22D. TIME (Month) (Doy) (Year) (Hour) 22E, INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE (APPROX.) WORK AT WORK 23. Autopsy X I certify that I held an Inquiry Inspection ___ ond that on this basis, death in my opinion resulted from: Natural couses X Suicide ___ Homicide ___ Accident Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE **EXAMINER'S** ASSOCIATE MEDICAL EXAMINER 7-39-72 Ronald N, Kornblum, M.D. NAME (Type) 24C. NAME of CEMETERY or CREMATORY 24A. BURIAL CREMATION. 24B. DATE 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) BUR IAL 8-2-72 MOUNT AUBURN CEMETERY BALTIMORE MARYLAND 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR

MORTON & DYETT F. H. 1701 LAURENS ST.

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	SENTENCE WILLIS			
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	of the sample of	Condesion third and		
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			state in	
1-02-5		.11.31 , masterior	the latest	
I di dipersis	CIENT T BALTINGS.	CONTRACTOR	`\ _ ' m	1/11/10

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. It meons the disease, injury or complication which caused death.)	Arteriosclerotic cardiovascular diseas (A)IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:	5e
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR	R WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
22A. EXTERNAL CAUSE WAS 22B. UNDERLYING OR CONTRIB-	PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give, form, loctory, street, office bldg., etc.) INJURY OCCUR?	ve exact location)
OF INJURY	22F. HOW DID INJURY OCCUR? WHILE AT WORK 22F. HOW DID INJURY OCCUR?	
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Marvin S. Plat		DATE SIGNED
24A. BURIAL CREMATION, REMOVAL (Specify) BURIAL 8-2-72	MT. AUBURN CEMETERY BALTIMOE, AV	(Stole) ARYLAND
S 151-REV. 1/1/68	FOF REGISTRAR 25C. FUNERAL DIRECTOR MORTON & DYETT F. H.	ADDRESS 1701 LAURENS ST.
3 131-REV. 1/1/00		

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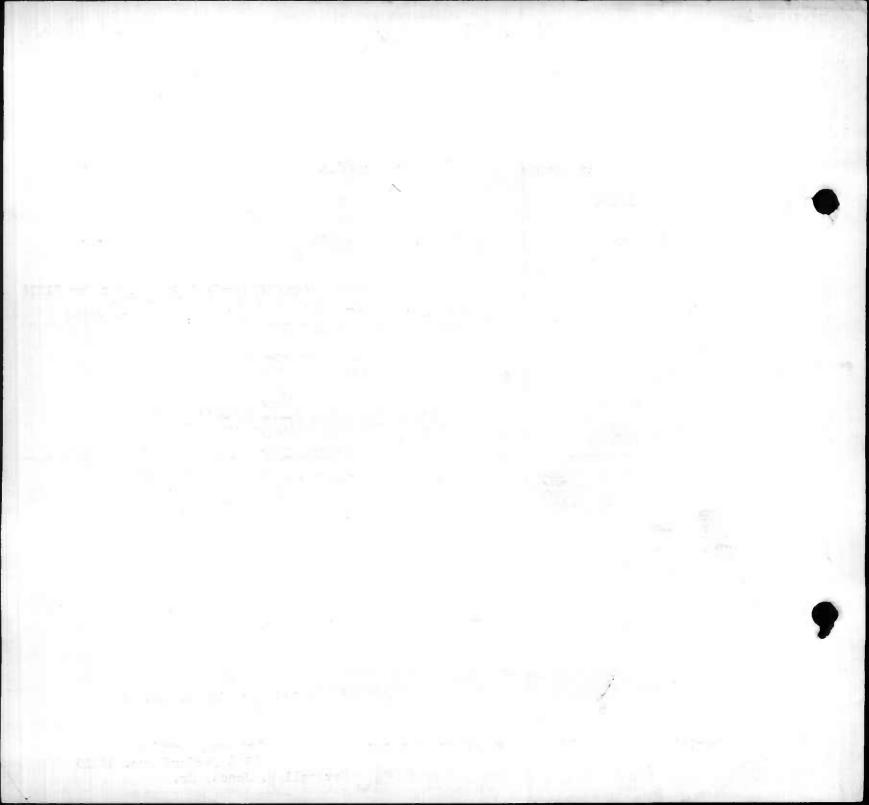
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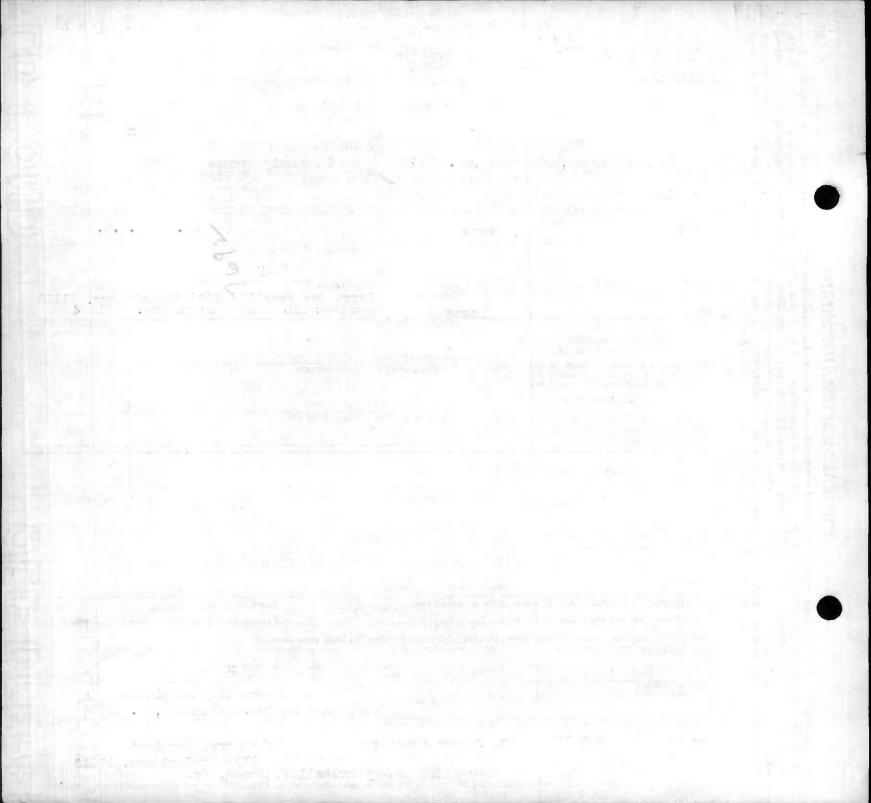
CALTE OE, NUNEYEND 7:-7: 47. AUDIN 58 BTS.Y

VS 150-REV. 1/1/68



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FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and
was researched for the masterial of a medical extremiest. Asso, it the direct of contributing cause of death L
5 D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the Appearance of t
written approval must be obtained before the remains are embalmed or final disposition is made.

			HEALTH DEPARTMENT		72 07284		
BIRTH NO. 72-11495 76	2 072	84 CERTIFICA	JE OF DEATH	REG. NO.	12 01204		
I. NAME OF DECEASED Miche	ele Deni	ise Franklin uglas-Ruby		HOUR OF DEATH	1		
3. PLACE IN BALTIMORE MARYLAND, WI		-	4. USUAL RESIDENCE IWhere	deceased lived. If ins	titution: residence before admission)		
FULL NAME OF HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITU	UTION, GIVE STREET	Maryland C. CITY OR JOWN		907 DE CITY LIMITS?		
1 Baltimere City	Hospi	tal.	Ballo E. STREET AND NUMBER	J. 11(3)	YES NO NO		
4940 Eastern Avenue Ba	ltimore	,Md. 21224	2806 Kennedy	Avenue 21	.218		
SEX Comale Negro	7. MARRIED WIDOWED	DIVORCED	7/27/72	ost birthdow	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
IOA, USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) NONE		BUSINESS OR INDUSTRY	Ballo City Ho	in country)	12. CITIZEN OF WHAT COUNTRY		
13. FATHER'S NAME	kli		14. MOTHER'S MAIDEN NAM	NE.			
S. Was Deceased Ever in U. S. Armed Force Yes, no or unknown! Ill yes, give war or dates	es? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	lin 2806 Ker	annedy Ave. 21218		
no		none CAUSE OF DEAT		40 Eastern A			
DISEASE OR CONDITION DIR	ECTLY	CAUSE OF DEATH	000		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
This does not mean the mode of	dying, e.g.,	(A) IMMEDIATE CAL		114	14ms		
heart failure, asthenia, etc. It means injury or complication which caused	the disease.	DUE 10, OK AS	A CONSEQUENCE OF:	1	P. C. Carlon		
ANTECEDENT CAUSES	1) \ \ -						
DISEASES OR CONDITIONS, If a	nv. civina	(8) DUE TO, OR AS	A CONSEQUENCE OF:		***************************************		
rise to the above cause (A) UNDERLYING CONDITION last							
		(C)	***************************************				
OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	E TERMINAL		*******************************				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 1994. DATE OF OPERATION 198. COND WAS PERFORM	NTION FOR Y	VHICH OPERATION	20A. AUTOPSY? (Yes of No.) YES	208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?		
OR CONTRIBUTING CAUSE OF DEATH Inotify medical examines	21 B, hometc.)	PLACE OF INJURY (e.g., in e.g., in factory, street, of	n or obout 21 C. WHERE DID	(if in Boltimore	City, give exact location)		
21D-TIME (Month) (Doy) (Yeor) OF INJURY IAPPROX.)		INJURY OCCURRED Not Whife At Work	21F. HOW DID INJU	RY OCCUR?			
22. I certify that (I) (this hospital)	attended th	e deceased from/	127/12 19	ta7/	28/1, 19		
that (1) (we) last saw the deceased	allve an	7/28/72"	1/-1 -	//	an death accurred on the date		
and have and from the causes state	ed above. (I)	(We) (did) (did not) v					
23A. SIGNATURE					23B, DATE SIGNED		
Officers		MD . DEGREE Phys	nding Med. S	hys.	7/28/72		
23C. PHYSICIAN'S NAME (Type)	AME ;	S MD	Baltimor 4940 Eastern Ave	re City Hosp			
24A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C. NA	ME of CEMETERY of CRE	MATORY 24D. LO		town, or county) (State)		
Burial 8-2-72	Mt.	Auburn Cemete	erv Relt	imore, Mary	land		
	258. NAME O		25C. FUNERAL DIRECTOR] Marshall W. J.	1735 Harford	Ave. 29213		
/S 150-REV. 1/1/68	, , , , , , , , , , , , , , , , , , ,	1		,			



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DIE	TH NO.		MED	ICAL	EX	AMINER'S C STATE OF MA	CE RY	RTIFIC	ATE C)F I	DEAT	TH REG. N	10	5 (.728	5_
		TACED		N		D411111 01 1111								- 1		
(Tyl	NAME OF DEC	FASED	PHILI	LIP H	INTO	N	2.	OF DEATH	Known Estimated		Month	Day	Ye	or	Hour	M.
4.	PLACE IN BAL	TIMORE, MA	ARYLAND, W	HERE PR	ONOU	NCED DEAD	3.	DATE			Month	Day	Ye	or	Hour	
FUL	L NAME OF SPITAL INSTITUTION	(IF NO		L OR INST		N, GIVE STREET	5		NCED DEAD	horod	7	28		72 l	2:05	P M.
	38	Univ	ersity	Hosp	ital		A	. STATE MC	l.	nere c	rece oseu	B. COUNT		13	50	5
6.	SEX	7. RACE		8. MARR	IED X	NEVER MARRIED	C	. CITY OR T	OWN			D. INSIDE	CITY LIMI	TS?		
	male	hegr		WIDOW	/ED 🗌	DIVORCED [Balto.				YES X	N	o 🗆	
	-30-38	Н	10. AGE (Ir			er 1 Yr, If Under 24 Hrs. Days Haurs Min.	E		Ocala		e.					
	BIRTHPLACE (S	State or foreig	gn country)		12. CIT	IZEN OF	13	3. FATHER'S	NAME							
	Baltimo					ATSONNTRY?			is Hint							
dan	e during most of	warking life, ev	en ifretired)	Balto	. C:	ity Depart.	Y 1:		s maiden i Lie M.							
16.	WAS DECEAS	ED EVER IN	U.S. ARMED	FORCES	pica!	7. SOCIAL	1/4	B. INFORM	rol Fax	- 1.0	006 0	hatham	ADDRESS	121	5	
(Ye	s, na ar unknawn ' es	A A Sive	% dates	of service) .	SECURITY NO. 219-32-6206	M	rs. Car	ordella	W.	Hin	ton 56	12 Bel	llev	ille	Av. 07
	19. —	IZ NOV	02			CAUSE OF DEA			JIGCIIA	. 111	1121	COII JO			DXIMATE IN	
	1- 7	5551	X			Gunshot wo			bead					BETWEE	N ONSET AN	ND DEATH
	DISEAS	E OR COND	ITION DIREC	CTLY		Guilbilot wo	uı	id OL 1	leau							
		LEADING TO	DEATH			(A)IMMEDIATE	CAL	JSF								
	(This does r	not mean the	mode of dy	lng, e.g.,		DUE TO, OR			ENCE OF:							
		e, osthenio, etc mplication whi														
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	A	NTECEDENT	CAUSES			(B)										
	DISEASES	OR CONDITI	ONS, IF ANY	, GIVING		DUE TO, OR	AS	A CONSEQ	JENCE OF:							
		E ABOVE CA		IING INE		4-1										
2						(C)										
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O		NIFICANT COI ATH BUT NOT											,	-		
뜬	DISE ASE OF	CONDITION	GIVEN IN PA	ART 1 (A).												
CERTIFICATION	20A. DATE O	F OPERATIO	N 20B. CON	NOITION	FOR W	HICH OPERATION W	AS	PERFORME	D				21. A	UTOPS n	O (Yes o	r No)
1	22A. EXTER	NAL CAUSE	WAS		22B. PL.	ACE OF INJURY(e.g.,	in	or obout 22	C. WHERE D	ID (If	in Boltim	ore City, give	exact lacati	ion)		_
EDICAL	UNDERLYING CA	USE OF DEA				arm, factory, street, affic	ce b						15	-6	25	
Σ	OF INJURY		Doy) (Yeor		r) 22E	INJURY OCCURRED		1	F. HOW DID	-		CUR?				
	(APPROX.)	7-23-7	2 9:3	30 a	m. WH	ILE AT NOT	WI VOF	HILE A	hot se	lf.						
	23.		Maria I													
		tify that I h			_	nspection Au						, death in		n		
	resul	ted fram: N	latural cau	ses 🗌	Acc	ident Suicio	de	X Hor	nicide 🗌	U	ndeterm	nined mann	er 🗌			
	J				,	11		С	HIEF MEDICA	AL EX	AMINER					
	ACTUAL		31/10		11	Wast .			ANT MEDIC					D	ATE SIGN	IED
	SIGNAT	URE	MACAA	m	1	M.C	٥.									
	EXAMIN		Marv	in S.	P1a	att, M.D.		ASSOC	TATE MEDIC	AL EX	AMINER			7	-29-7	2
-	NAME (CD = 11 A T = 1	I -		064710	A. (n.				
	A. BURIAL CRE		24B. DATE			NAME of CEMETERY	-				OCATIO		tawn, ar co		(Stot	e)
Bi	MOYAL (Spec	.,,	8-1-72	2	A	rbutus Memo:	ri	al Par	k	Ba	Itimo	ore, Ma	rylan	d		
25	A DATE PEC'D	BY-HEATTH	DEPT	258 40	AME O	F REGISTRAR		25C EI	JNERAL DIRI	FCTO	4725	Harfor	Seedalah	5 2	1213	
23	A. DATE REC'D	AUG 2	1972	X		y so host	1		hall W				TVISAA	4 42	LLLJ	

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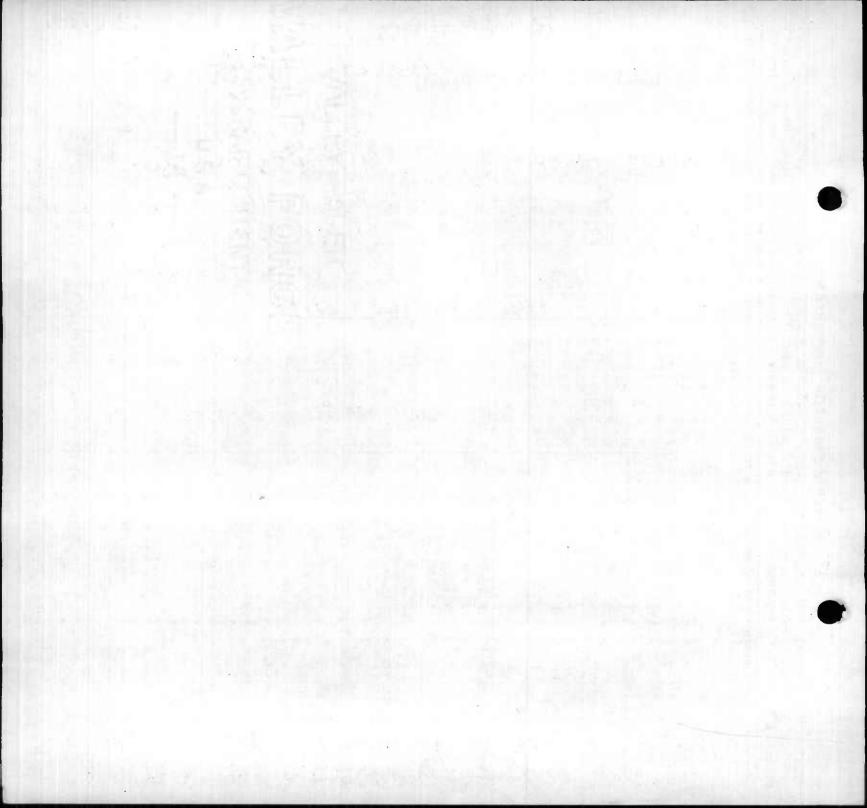
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darabath w. Jones. Jr.

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

11.1 11.1 12.1 12.1 12.1	BALTIMORE CITT HEALT	H DEPARTMENT		20 07000
72 07286 BIRTH NO.	シープ・ロコ くんり ドア・シ	DE DEATH	REG. NO	12 01500
1. NAME OF DECEASED (Type or Print) Conway Wendel 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCE	1 Dashie	1 1 74	decessed lived. If institute	72 M. itution: tesidence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION HOSPITAL OR ADDRESS OR LOCATION)	A. STA		D. INSIDI	E CITY LIMITS? YES NO
lutheran Hosp.	1/	11 Wick	low Ro	١.
5. SEX 6. RACE 7. MARRIED N	DIVORCED Ju	ne 13-1919	ast birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSI done during most of working life, even ill retired)	W	hite Har	ren Md	u.S
13. FATHER'S NAME Deor Ge Dashie) 13. Father's NAME Deor Ge Dashie) 14. S. Armed Forces? 16. S. Armed Forces?	OCIAL 17. INF	Erelyn	Conwa	ADDRESS
(Yes, no a runknawn) (If yes, give war or dates of service) GES /941- 1946 21	7-05-3305	Krife		7 2001233
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease, injury or complication which caused death.)	(A)IMMEDIATE CAUSE (DUE TO, OR AS A CONS		atherescless	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	(B) H. C. V	SEQUENCE OF:		
UNDERLYING CONDITION last.	(c)			
UNDERLYING CONDITION lost. O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	(c)			
UNDERLYING CONDITION lost. O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		• AUTOPSY? (Yes ar •No)	20B. IF YES, WERE FII	NDINGS CONSIDERED SES OF DEATH?
UNDERLYING CONDITION lost. O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHIC WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLAC hame, for		ut 21C. WHERE DID	IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH? City, give exact lacation)
UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 21B. PLAC	H OPERATION 20A CE OF INJURY (e.g., in or obo m, foctory, street, affice bld;	ut 21C. WHERE DID	(If In Baltimare	SES OF DEATH?
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UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION FOR WHICE WAS PERFORMED OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION FOR WHICE WAS PERFORMED OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITIONS FOR WHICE WAS PERFORMED OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITIONS FOR WHICE WAS PERFORMED OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITIONS FOR WHICE WAS PERFORMED OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITIONS FOR WHICE WAS PERFORMED OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITIONS FOR WHICE WAS PERFORMED OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS FOR WHICE WAS PERFORMED OTHER SIGNIFICANT CONTRIBUTIONS FOR	H OPERATION 20 A CE OF INJURY (e.g., in ar obo m, factory, street, affice bld; URY OCCURRED Not While At Wark ceased from	21F. HOW DID INJU	(If In Baltimare	City, give exact location)
UNDERLYING CONDITION lost. Condition Intermediate Intermedi	H OPERATION 20 A CE OF INJURY (e.g., in ar obom, foctory, street, affice blds URY OCCURRED Not While At Wark At Wark At Wark Ceased from	21F. HOW DID INJU	(If In Baltimare URY OCCUR? 1 totin (my) (our) opini	City, give exact location) 19, ion death occurred an the date
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UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING IO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING IO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING IO THE TERMINAL DISEASE OR CONDITION FOR WHICE WAS PERFORMED OTHER SIGNIFICANT SIGNIFICANT CONTRIBUTIONS CONTRIBUTIONS IVEN IN PART 1 (A). OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTIONS IVEN IN PART 1 (A). OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTIONS IVEN IN PART 1 (A). OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTIONS IVEN IN PART 1 (A). OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTIONS IVEN IN PART 1 (A). OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTIONS IVEN IN PART 1 (A). OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTIONS IVEN IN PART 1 (A). OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTIONS IVEN IN PART 1 (A). OTHER SIGNIFICANT IN PART 1 (A).	H OPERATION 20 A CE OF INJURY (e.g., in ar obom, foctory, street, affice blds) URY OCCURRED Not While At Wark Ceased from DEGREE Aftending Phys. 23D. AD OCCURRED ACCURRED ACCUR	21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 39 and the bady ofter deoth. Med. Director Dire	(If In Baltimare URY OCCUR? 9to of in (my) (our) opini Shaff Phys. The Lien Bre	City, give exact location) 19, ion death occurred an the date



1	BALTIMORE CITY	Y HEALTH DEPARTMENT	0.000					
	BIRTH NO. 72 07287 CERTIFICA	HE OF DEATH	07281					
	I. NAME OF DECEASED Cameron STATE OF I	2. DATE AND HOUR OF DEATH	- //					
ŀ	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution:	240 A.M.					
l	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET NORTHUMON ADDRESS OR LOCATION)	BIARYLAND,	1206					
	0	RALTIMORE YES	NO 🗆					
1	MARYLAND GENERAL	E. STREET AND NUMBER 2106 St. Paul	Street					
	Male hite WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years III Under Months)						
1	OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY one during most of working life, even if retired)		ZEN OF WHAT COUNTRY?					
	TRUCK Druise	Dillon, S. C.	11.5.A					
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	William D. McDaniel	Sarah Roberta Bryan	t					
110	5. Was Deceased Ever in U. S. Armed Forces? 19. no prunknown Uf yes, give wor or dotes of service 16. SOCIAL SECURITY NO.	17. INFORMANT wife: Inez McDaniel	ADDRESS					
10	WINGON 2:49-01-9723	Garage 2106 St. Paul	Street					
	18. 4 8 5 X I CAUSE OF DEATH		APPROXIMATE INTERVAL					
		NCID MENTONIA						
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death,) (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:							
	ANTECEDENT CAUSES							
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:						
	underlying Condition last. (C)							
	II ADDEN S	CLENOTE PERMITERAL						
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	1 04548 E CAN Grand						
Chairing	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF E	CONSIDERED PEATH? 488					
	OR CONTRIBUTING CAUSE OF home, form, foctory, street, of	n or obout 2°C. WHERE DID (If In Boltimore City, give line bidg., INJURY OCCUR?						
	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?						
1	(APPROX.) While At Not While At Work	· 🗆 📗						
	22. I certify that (1) (this haspital) ottended the deceased from	Tuly 23, 1922 10 July	27 1972					
	that (1) (we) last saw the deceased alive an July 26	19 72 and that In (my) (aur) apinian deat	h occurred on the date					
	and haur and from the causes stated above. (1) (We) (did) (did not) vi	ew the body after death.						
	23A. SIGNATURE MAR AMA	ading Med. Shaff	SIGNED					
	DEGREE Phys	Director Phys.	27/72					
	NEWTON W. ROGERS	MARULAND GEALE	el Hos					
2	REMOVAL (Specify)	MATORY 240. LOCATION (City, town, or	county) (Stote)					
	Burial 8/1/72 Garden of Fat		land					
2	ALIG 2 1972 LINE WINDSTRAND	STEWART & MOWEN CO. 108 W.	North Ave(1					
V	\$ 150-REV. 1/1/68							

Breaked Branzala

ARREMUS CHE MOR DOWNHARM

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. BALTIMORE CITY HEALTH DEPARTMENT

REG. NO.	72	0'728

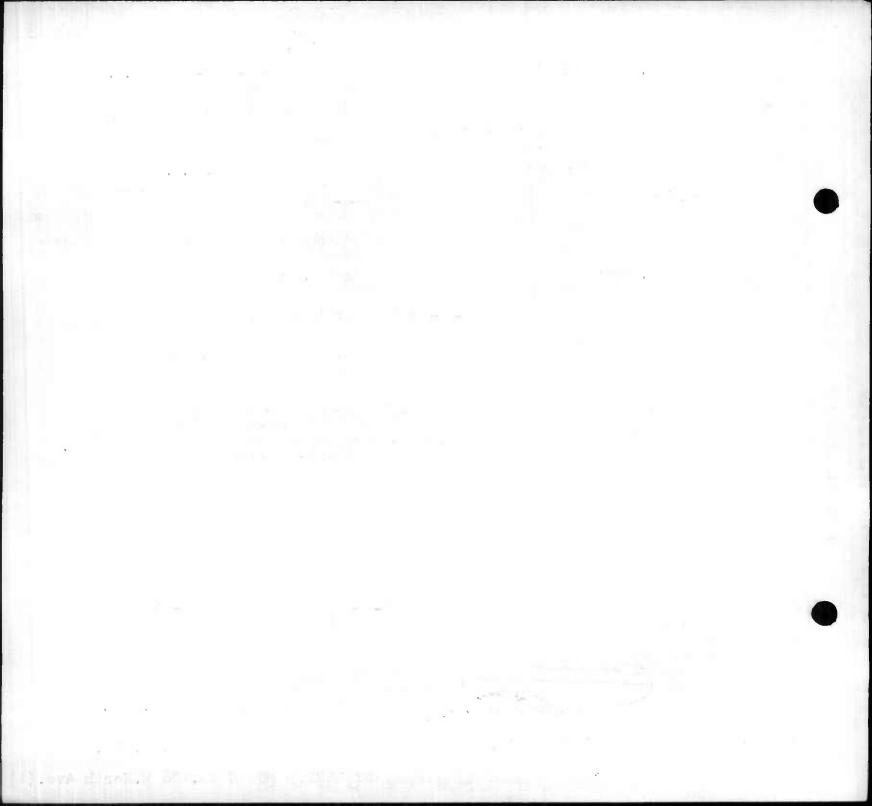
CO.108

W. North Ave.

I. NAME OF DECEASED STATE OF MARYLAND-DHMH 12. DATE AND HOUR OF DEATH					
properor ring,					
(Type or Print) Mrs. Mary Burr Pieters 2. DATE AND HOUR OF DEATH 7-28-72 - 6:00 A	M.				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE IWhere deceosed lived, If institutions is a state in the state of the sta	residence belore odmission				
FULL NAME OF HOSHTAL OR INSTITUTION, GIVE STREET DISTRICT OF COlumbia C. CITY OR TOWN IN HOSPITAL OR INSTITUTION C. CITY OR TOWN	Distric of Columbia				
Seton Psychiatric Institute					
E. STREET AND NUMBER	I NO []				
Baltimore, Maryland 21215 1921 Kalorama Road, N.W.					
6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under Months)	or 1 Yr. If Under 24 Hrs.				
OA HSHAL OCCUPATION (Co., Find of with long Prints					
one during most of working the, even if retired)	ZEN OF WHAT COUNTRY				
	United States				
MOINTER'S MAIDEN NAME					
Frank A. Burr Emma J. Maloney					
5. Was Deceased Ever in U. S. Armed Forces? (es,no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	ADDRESS				
579-16-3550D Hospital Records					
CAUSE OF DEATH	APPROXIMATE INTERVAL				
DISTRICT OF COMPILION DIRECTLY	BETWEEN ONSET AND DEATH				
LEADING TO DEATH ACUTE Mypcardial infarction					
(A)MMEDIATE CAUSE (A)MMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:					
injury or camplication which caused death.)					
ANTECEDENT CAUSES Wileneralized arterio sclerosis with					
DISEASES OR CONDITIONS, if any, giving nise to the above cause (A) stoling the	0.00				
inse to the above couse (A) stoling the UNDERLYING CONDITION tost (C) Chronic brain syndrome associated to					
	lh yrs.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
IO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).					
19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF E	CONSIDERED				
21A, ACCIDENT WAS UNDERLYING TO 1218 BLACE OF INJURY (a.g. in an abrillation of the control of t					
OR CONTRIBUTING CAUSE OF Com, fociory, street, office bidg., INJURY OCCUR?	e exact lacation)				
21D-TIME (Month) (Day) (Year) (Haur) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?					
(APPROX.) While At Not While Work At Work					
22. I certify that (I) (this haspital) attended the deceased from 2-15-58 19 to 7-28-72	19				
that (1) (we) last saw the deceased alive an July 28 19 72 and that in (my) (aur) apinion deat					
and have and from the causes stated above. (1) (We) (did) (did not) view the bady after death.	was an the date				
23A. 5IGNATURE///	E SIGNED				
Attending Med. Stoff					
23C. PAYSICIAN'S NAME (Type) DEGREE THYS. DIRECTOR Phys					
Edmundo Larranaga, M.D. 6400 Wabash Avenue, Balto.,	Md. 21215				
REMOVAL (Specify) 248. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or	county) (Stotel				
Burial 8/1/72 St. Joseph's Cemetery Martinsburg, W.	Va.				
SA. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	ADDRESS				

AUG 2 VS 150-REV. 1/1/68

1972

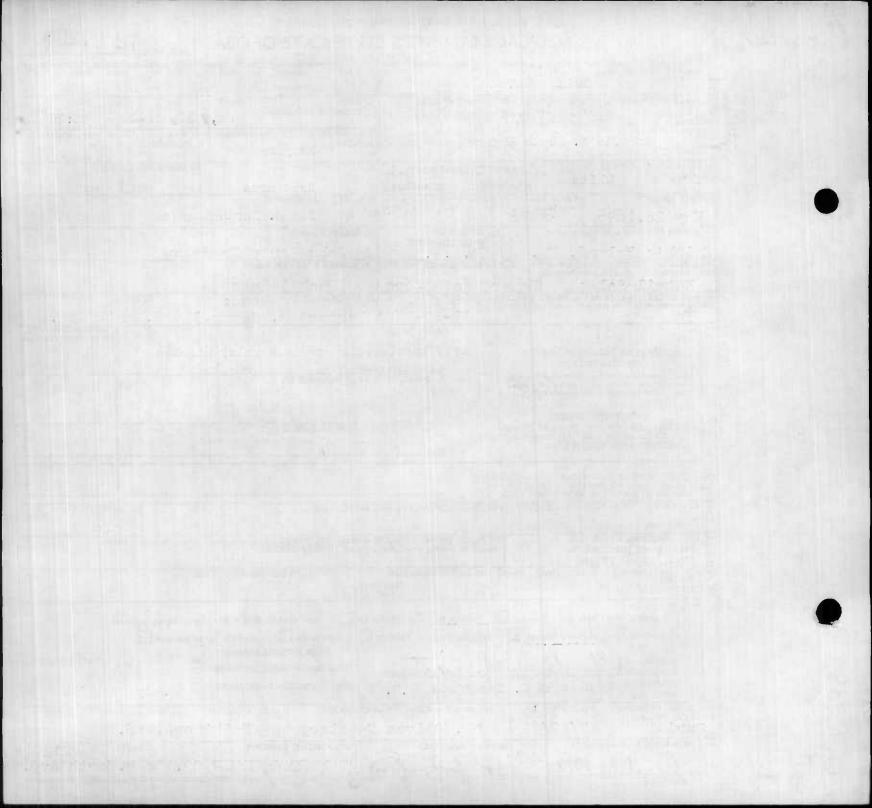


K-6201

79	7289 BALTIMORE CITY	HEALTH DEPARTMENT		72 07289
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	12 01203
I.NAME OF DECEASED	STATE OF M	ARYLAND-DHMH	ND HOUR OF DEATH	
(Type or Print) KDIIC MDC FICT	E G. (ELSIE AUGU	~ /	20/02	7301
3. PLACE IN BALTIMORE MARYLAND, WHERE		14. USUAL RESIDENCE (Wh	ere eccased lived. If in	stitution: residence before admission)
		A. STATE B. COU	NTY	52.
HOSPITAL OR ADDRESS OF LOCATION	R INSTITUTION, GIVE STREET		BALTIMORE C	
INSTITUTION		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
A KESWICK		E. STREET AND NUMBER		YES NO X
KESWICK			Amma and	
5. SEX 6. RACE 7. as		8. DATE OF SIRTH		
Female White W	ARRIED NEVER MARRIED DOWED DIVORCED	6-20-1889	9. AGE (In years last birthdoy) 83 yrs.	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or for	eign country)	12. CITIZEN OF WHAT COUNTRY
REG. NURSE	NONE	AS A TOTET MEATIN		77.04
13. FATHER'S NAME	NONE	MARYLAND 14. MOTHER'S MAIDEN NA	ME	USA
JOHN H. GROSS		CAROLINE K	ROEBER	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO	216-01-1803	KESWICK RECO	RDS 700	W. 40m STREET
18. 4	CAUSE OF DEAT		700	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECT	LY	C. 1	/ / «	BETWEEN ONSET AND DEATH
LEADING TO DEATH	/ANMMEDIATE CAL	ISE Eneephal	omalacia	1)
(This does not mean the mode of dyin heart failure, asthenia, etc. It means the	n. e.n.	A CONSEQUENCE OF.		Calle +
injury or complication which caused deat	hJ D /	cerebrovas	cular	S about
ANTECEDENT CAUSES	Kepeat	cerebrovasi	accide t	6 years
DISEASES OR CONDITIONS, if any,	giving (B)V	A CONSEQUENCE OF:	acciden	3 /
rise to the above cause (A) stati				
UNDERLYING CONDITION last.	(c)		******************************	
11				
OTHER SIGNIFICANT CONDITIONS CONTRIB	PAINSAI			
DISEASE OR CONDITION GIVEN IN PART 1 (A				
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO THE TER DISEASE OR CONDITION GIVEN IN PART 1 (A 19A-DATE OF OPERATION 198. CONDITIO WAS PERFORM 119A-ACCIDENT WAS LINDERLYING [7]	ED	20A. AUTOPSY? (Yes or N	IN CERTIFYING CAL	INDINGS CONSIDERED JSES OF DEATH?
OR CONTRIBUTING CALLER OF	21B PLACE OF INJURY (e.g., i home, form, foctory, street, of	n or about 21 C. WHERE DID	(If In Boltimore	City, give exact location)
DEATH (notify medical examines)	etc.)	ince pings intoki occoki		
21D. TIME (Month) (Doy) (Year) (Ho	un 21E INJURY OCCURRED	21 F. HOW DID IN.	URY OCCUR?	
OF INJURY (APPROX.)	While At Not While			1
	WORK AT WORK	12/2/10		120/00
22. I certify that (4) (this hospital) atte		12/08	19ta	10.0/10/19
that (Me) last saw the deceased all			of in (my) (p) opin	ion death occurred on the date
and hour and from the causes stated al	bave. (6) (We) (did) (did stot) v	iew the body after death.		
23A, SIGNATURE				23B, DATE SIGNED
WASH Swide	M. D. Atte	nding Med.	Staff Del	7/28/07
23C.PHYSICIAN'S	DEGREE Phys	Director L	Physical	1/20/12
NAME (Type)		Whares		/
W.B. DANIELS. JR.	M.D. DEGREE	700 W. 40% S	TREET	
AA. BURIAL CREMATION, 248, DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CRE	MATORY 24D. L		y, town, or county) (State)
Burial 7/31/72	Loudon Park C	emetery	Baltimore	Md.
	NAME OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
AUG 9 1079	dry lakoston	STEWART & MO	OWEN CO.108	
VS 150-REV. 1/1/68		410		

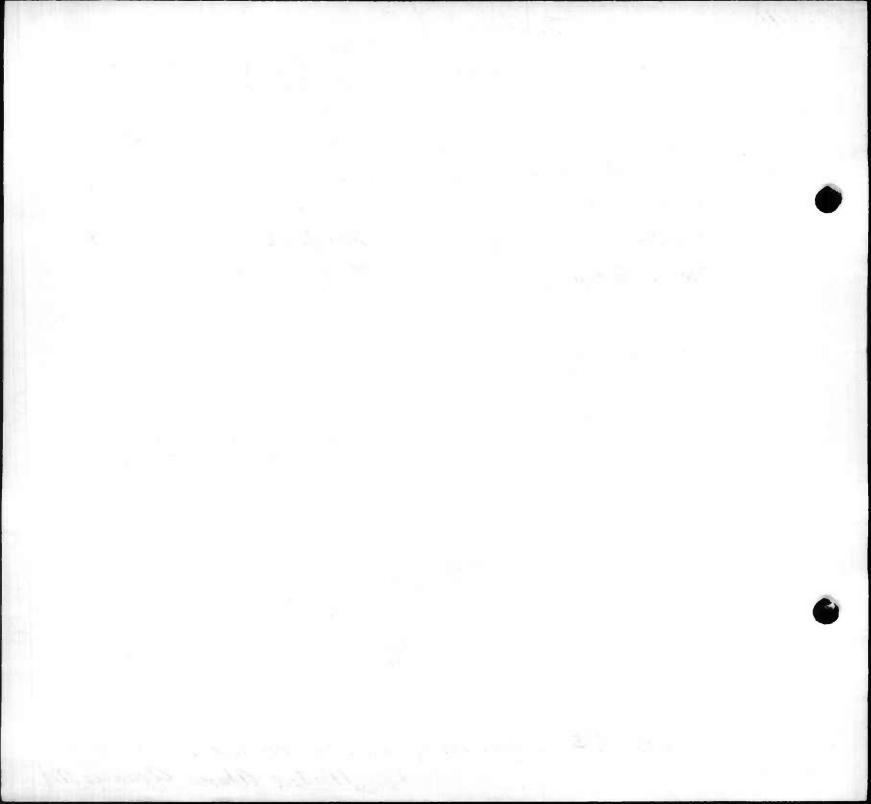
72 (720) BALTIMORE CITY HEALTH DEPARTMENT .

BIR	TH NO.		MED	DICAL	EX/	AMI	VER'S	CERTIF	ICA	TE OF	DEAT	TH REG.	. NO	72 (1723	U
1, 1	NAME OF DEC	EASED	MARY	GEYE		SIAI	C UE MI	2. DATE OF	Kn	own!	Month	Day	y	Year	Hnur	
FULI	LACE IN BAL	(IF NO		WHERE PI	RONOU			3. DATE PRON	OUNCE	D DEAD	Month Ju	y 27,		Year	Hour 11:20	м. 0 А м.
ORI	NSTITUTION	316	E. Nor		enue			5. USUAI A. STATE		ryland		lived. If Ins B. COUI	NTY	residence l	elare adm	ission)
6. S	emale	7. RACE Whi	.te	8. MARE			MARRIED	C. CITY		N ltimor	e	D. INSI		Y LIMITS?	по 🗆	
N	lay 26,	1896	I O. AGE (I lost birthde	(YE	If Unde Months	r Yr. (Days	Inder 24 Hrs. Hours Min.	E. STREE		O E. N	North 1	Avenu				
Sm	sirthplace(s	Islar	nd, Md	l.	WH	ZEN OF	NTRY?	13. FATH	ohn	Party	7 Brad	dshav	W			
done	USUAL OCCUP during mout of w Retail	orking life, e	ven if retired)	Depa	rtme		Store		Rach	el Et	rans					
(Yes,	NAS DECEASE no or unknown) NO	D EVER IN (If yes, give	U.S. ARMEI wor or dotes	of service	5? 17	SECUR 3-2	1 TY NO. A 0-052			Husba E. (,316	-	DRESS North	212 Ave	
	(This does no heart follure, injury or com	EADING TO t mean the asthenia, etc plication wh	mode of dy c. It means the ich coused de	ylng, e.g., e disease.		Arte	JSE OF DEA CLOSCLE IMMEDIATE DUE TO, OR	rotic			ular (diseas	se		PROXIMATE II	
TION	DISEASES O RISE TO THE UNDERLYIN	G CONDII	IONS, IF ANY LUSE (A) STA ION LAST.			(B) (C)	DUE TO, OR	AS A CON	EQUENC	E OFs						
CERTIFICATION	OTHER SIGNI TO THE DEA DISEASE OR	CONDITION	GIVEN IN P	ART I (A)-		_										
JL	OA. DATE OF													N	PSY? (Yes	or No)
SIGN	UNDERLYING	SE OF DEA	ITRIB- ATH.		nome, ru	rm, tactor	NJURY (e.g., y, street, offic	in or about a bidg., etc.)	INJURY	OCCUR?			ve exact	location)		
	OF INJURY (APPROX.)	Aonth) (i	Day) (Yea	r) (Hovi	m. WHIL	EAT		WHILE ORK	22F. HC	NI GIG WC	JURY OCC	UR?				
	1 certi	RE R'S	latural cou	, J.	Acci Sul	dent [Suleto Tem.	AS:	CHIEF	that on the MEDICAL E	Undetermi XAMINER XAMINER	ined man	ner _		DATE SIGN	NED
REM	BURIAL CREM OVAL (Specify Burial)	7/29/	72			CEMETERY livet				Balt:			or county)	(Sta	te)
25A.	DATE REC'D E	IC ?	DEPT.	25B. N	AME OF	REGIST	RAR		FUNER.	AL DIRECTO			ADI	DRESS		201 Ave.
15 1	51-REV. 1/1/68			9	1	Swe No		, U	titud .	1 6						



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	12 11/631	TE OF DEATH REG. NO. 72 07291
	RTH NO.	TE OF DEATH REG. NO. 12 07231
	NAME OF DECEASED Upe of Paint) EsTelle Buther	2. DATE AND HOUR OF DEATH
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before odmission) A. STATE B. COUNTY
FIH	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET STREET ADDRESS OR LOCATION)	md. 1607
H	1	Balto D. INSIDE CITY LIMITS?
0	Lutheran Hospital of me.	E. STREET AND NUMBER
5.	SEX 6- RACE 7- MARRIED NEVER MARRIED	
7	Female Negro. WIDOWED DIVORCED	(last birthday) Months Doys Hours Min.
10.	A USUAL OCCUPATION (GIVE kind of work TOB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
do	ne during most of working life, even if retired)	
13	Domestic FATHER'S NAME	Maryland U.S.A.
	# (Mary E. Brooks
15,	Wes Decesed Ever in U. S. Armed Forces? Security No. 16. SOCIAL SECURITY NO.	17. INFORMANY ADDRESS
(Ye	s, no or unknown) (If yes, give war or dotes of service) SECURITY NO.	Chart
_	18. CAUSE OF DEAT	
	DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	POSSIBLE MASSIVE PULLEDA
	(A) IMMEDIATE CALL DUE TO, OR AS Injury or complication which caused death.)	SE POSSIBLE MASSIVE PULMON A CONSEQUENCE OF: ARYENBOLISM.
		CHRDIALINFARCTION
	(B)	A CONSEQUENCE OF:
	rise to the obove cause (A) stating the UNDERLYING CONDITION tost. (C).	FIRIAL FIBRILLATION
7		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
ERTIFIC	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A- AUTOPSY? (Yes of Mo) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CALC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of place)	n or obout 21 C. WHERE DID (If in Boltimore City, give exoct location) fice bidg., INJURY OCCUR?
MEDI	21D-TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED While At Mork At Work	21F. HOW DID INJURY OCCUR?
	WORK AT WORK	
	22. I certify that (1) (this hospital) attended the deceased from that (1) (we) lost sow the deceased alive on	19 19 72 to 19 72 19 72 19 19 19 19 19 19 19 19 19 19 19 19 19
	and hour and from the couses stated above. (1) (We) (dtd) (dld not) v	lew the body ofter death.
	23A, SIGNATURE	23B, DATE SIGNED
	pegass Phys	nding Med. Staff Phys. 7 26 72.
	23C-PHYSICIAN'S NAME (Type)	33D. ADDRESS
24/	A BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county) (Stote)
	Burial 7/25/1912 John Wesley C.	
25/	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
	AUG2 1912 Freehold	Martiell adams aguases, md.
100	150-REV. 1/1/68	Carried Clarents

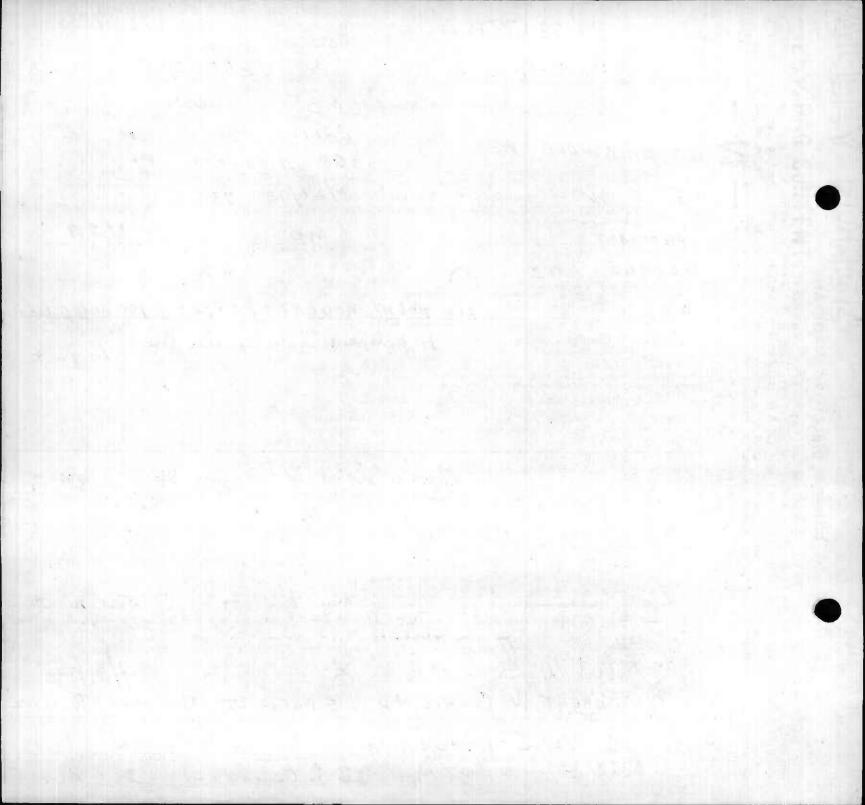


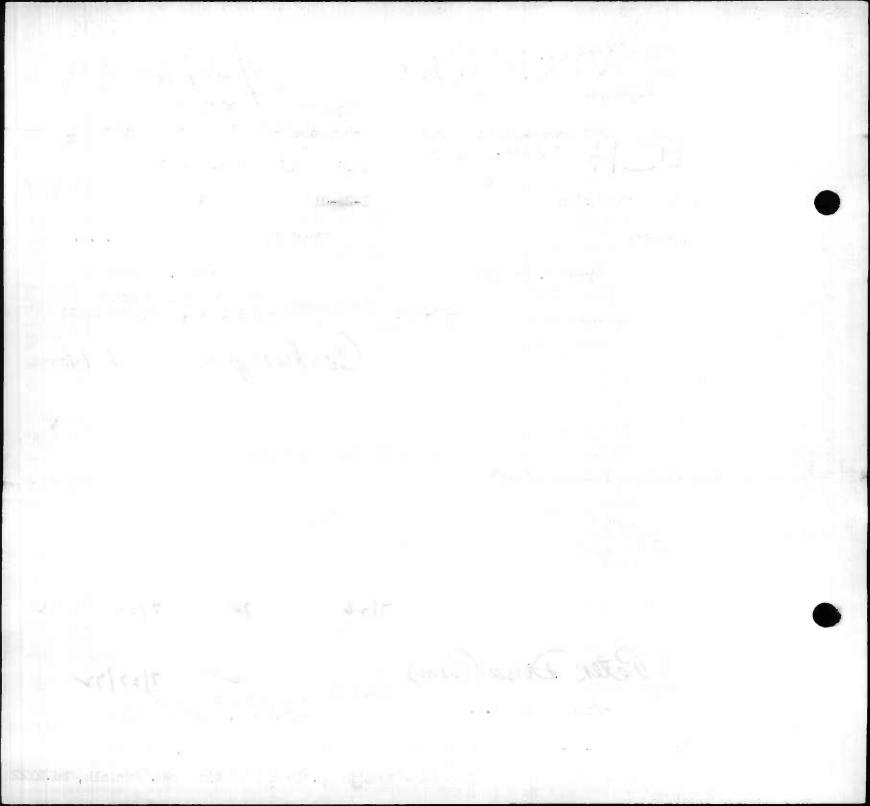
was D.O.A. at a hospital (except where the physician who pronaunced death was in regular attendance an the deceased prior to death); and (6) Na physician was in regular attendance on the deceased priar to death. Such written approval must be abtained before the remains are embalmed or final disposition is made. This certificate must be appraved by the chief medical examiner ar his assistant if death accurred in a haspital and the body was released to the hospital by a medical examiner. Also, if the direct ar cantributing cause af death shows: (1) An accident af any nature; (2) Bady burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

		1016	2 000	BALTIMORE CITY	HEALTH DEPAR	TMENT +		170	07292	
		16	2 072	CERTIFICA	TE OF DE	HTA	REG. NO	.12	07636	
BIRTH NO		CED		STATE OF	MARYLAND-D	HMH /	MAILS AT THE			
Type or P	OF DECEA						HOUR OF DEAT	н		
	Ma:	rgaret Hobbs	5			july 2	3,1972		M.	
3. PLACE	IN BALTI	MORE MARYLAND, V	WHERE PRONO	UNCED DEAD	4. USUAL RESID	B. COUNT	deceased lived. If Y	institution:	residence before odmission)	
FULL NA HOSPITAI	ME OF L OR ON	ADDRESS OR LOC	TAL OR INSTIT	UTION, GIVE STREET	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
L	Union	Memorial H	ospital	18	Baltimo		7	YES X	NO [
7	lamber.				3124 Gu	ilford	Avenue			
5. SEX	ale	White	7- MARRIED WIDOWED	NEVER MARRIED X	B. DATE OF BIRTH	9.	AGE (In years est birthdoy)	If Und Months	ler 1 Yr. If Under 24 Hrs. Doys Hours Min.	
tOA. USUA	L OCCUP			F BUSINESS OR INDUSTRY		State or foreig	n country)	12. CI	TIZEN OF WHAT COUNTRY?	
Retir	ed Fo	rking life, even if relired) relady	Frankl	in Sq. Hospita	Baltimo	re,Mar	yland	U	.S.A.	
13. FATHE	R'S NAM				14. MOTHER'S M	AIDEN NAM	E			
Law	mence	W. Hobbs			Mary A.	Reneh	an			
15. Was D	eceosed E	ver in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT				ADDRESS	
	UIIKIIOWII/	f yes, give wor or dot	es of service/	210-07-9742	L. J.	Winter		herry	Chase, Maryland	
NO 18.	1.0			CAUSE OF DEATH		"THOE		11019	APPROXIMATE INTERVAL	
DISE, rise UND	ASES OR In the ERLYING R SIGNIFIC HE DEATH ISE OR CO	ISTANTIAN OF PERATION OF PERATION OF PERATION PRODUCTS OF THE PERAMETER OF	d death.) any, giving staling the DNTRIBUTING THE TERMINAL RT 1 (A).	(B)Age DUE TO, OR AS (C)	a consequence	OF:	20B. IF YES, WER IN CERTIFYING C	E FINDING	S CONSIDERED DEATH?	
ORC	ONTRIBUT	WAS UNDERLYING [NG CAUSE OF sedical exominer)	211 hor etc	B. PLACE OF INJURY (e.g., in me, form, foctory, street, of a)	n or obout 21 C. WH	ERE DID OCCUR?	(If in Baltim	nore City, g	ive exact location)	
21D. 1 OF IN	JURY	Month) (Doy) (Yeor)	w	L INJURY OCCURRED hile At Not While At Work		M DID INTR	RY OCCUR?			
22. 1	certify tl	nat (1) (this haspita	l) attended	the deceased fram	July	19	50 to Jul	y 23.	19 72	
and I	(I) (we) I	ram the causes sto	ed alive an	I) (We) (did) (did hor) v	iew the bady off	er death.		plnian de	ath occurred an the date ATE SIGNED 25-72	
230.1	AME (Typ	ris B. Schr	eiber.		1519 W. L	ombard	St.,Balti	more,	Maryland	
24A. BUR		ATION, 248. DATE		AME of CEMETERY OF CRE		24D. LO		(City, town,		
Bur		7-26	-72 N	ew Cathedral C	emetery	Ва	ltimore,	Maryla	and	
	E REC'D B	UG 2 1972	258. NAME	OF REGISTRAR truey from the	25C. FUNERAL	DIRECTOR			York Road	
VS 150-RE	V. 1/1/68			1		-	1			

A THE REST OF THE PROPERTY OF THE PARTY OF T

			BALTIMORE CITY	HEALTH DEPARTMENT		12000
DIE	TH NO.	72 072	93 CERTIFICA	TE OF DEATH	REG. NO	72 07293
	NAME OF DECEASED		STATE OF	MARYLAND-DHMH	AND HOUR OF DEATH	1
	0.1.4	LADYS	C. BIEN		- 11	1974 2AM
3.	PLACE IN BALTIMORE, MA		OUNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived.	institution: residence before odmission)
H	ILL NAME OF (IF NOT DSPITAL OR ADDRES	IN HOSPITAL OR INS	TITUTION, GIVE STREET	C. CITY OR TOWN	BA	SIDE CITY LIMITS?
135		1000 01		BALTO.	J. 110	YES NO
~	308 BIRKU	YOUD YL			PKWOOD	PL
5.	SEX 6. RACE	7. MARRIE		8. DATE OF SIRTH 2/27/99	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	A. USUAL OCCUPATION (Give	kind of work 108. KIND	OF BUSINESS OR INDUSTRY	11. 81RTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
	MEACHATT	on it isknow		MD.		USA
13.	FATHER'S NAME			14. MOTHER'S MAIDEN N		
1.0	GEORGE		SR.		VNK	
(Ye	Wos Deceased Ever in U. S. s, no or unknawn) (If yes, give	Armed Forces? wor or dotes of service		17. INFORMANT	0055-	ADDRESS
	NO		212-40-0417	ROBERT	POFFEL	100 MARGARET
	DISEASE OR CONT	DITION DIRECTLY	CAUSE OF DEAT	- C. 1.	1. 1. 7	BETWEEN ONSET AND DEATH
	LEADING T		(A) IMMEDIATE CAL	ise caracter	vadeular 1	16 yrs. +
	(This daes not mean the heart failure, asthenia, etc		9. DILETO OR AS	A CONSEQUENCE OF:		<i>J</i>
	injury ar camplication wh	ich caused death.)				
	ANTECEDEN		(8)			
	DISEASES OR CONDITI	ause (A) stoting t	he	A CONSEQUENCE OF:		
	11	14 1431.	(C)			
ATION	OTHER SIGNIFICANT COND TO THE DEATH BUT NOT RE	LATED TO THE TERMINA	G Chronic C	Obstructive F.	ulmonary D	ia, 8 yrs.+
ERTIFICA	19 A. DATE OF OPERATION		R WHICH OPERATION	20 A. AUTOPSY? (Yes or I		FINDINGS CONSIDERED AUSES OF DEATH?
CER	21A. ACCIDENT WAS UNE	DERLYING [18. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Baltimo	are City, give exoct location)
CAL	DEATH (notify medical exam		nome, form, foctory, street, o	mee blags, INJOK! OCCOK!		
MEDI	21 D. TIME (Month) (D OF INJURY (A PPROX.)	,	TE, INJURY OCCURRED While At Not While		NJURY OCCUR?	
			Work At Work		19 44 to	T/44 301073
	that (1) (we) last saw th		JULY	AVG. 7		JULY 301972,
	and haur and from the c		, (1) (We) (did) (did nat) v			
	23A. SIGNATURE	. //	^ ^ -			238. DATE SIGNED 7/31/72
	23C. PHYSICIAN'S	s W./30	DEGREE Phy	Med. Director Director	Phys.	1/31/72
	23C. PHYSICIAM'S NAME (Type) ROE	BERT W.	GARIS, M.D.	12 E, EAGER	ST., BAL	TIMORE, MD. 21202
24/	REMOVAL (Specify) 248	B. DATE 24C.	NAME of CEMETERY of CRI	EMATORY 24D.	LOCATION (C	City, town, or county) (Stote)
25	BURIAL	1/2/72	WOOD LAW,	25C. FUNERAL DIRECTO	BALTO.	MP
25/	AUG 2	1972 258. WAM	dues de la	25C. FUNERAL DIRECTO	2-11-51) C	MD. ADDRESS 300 MACE
			11.000	THE CHAIN COUNTY	TIV W M MI	200 1017





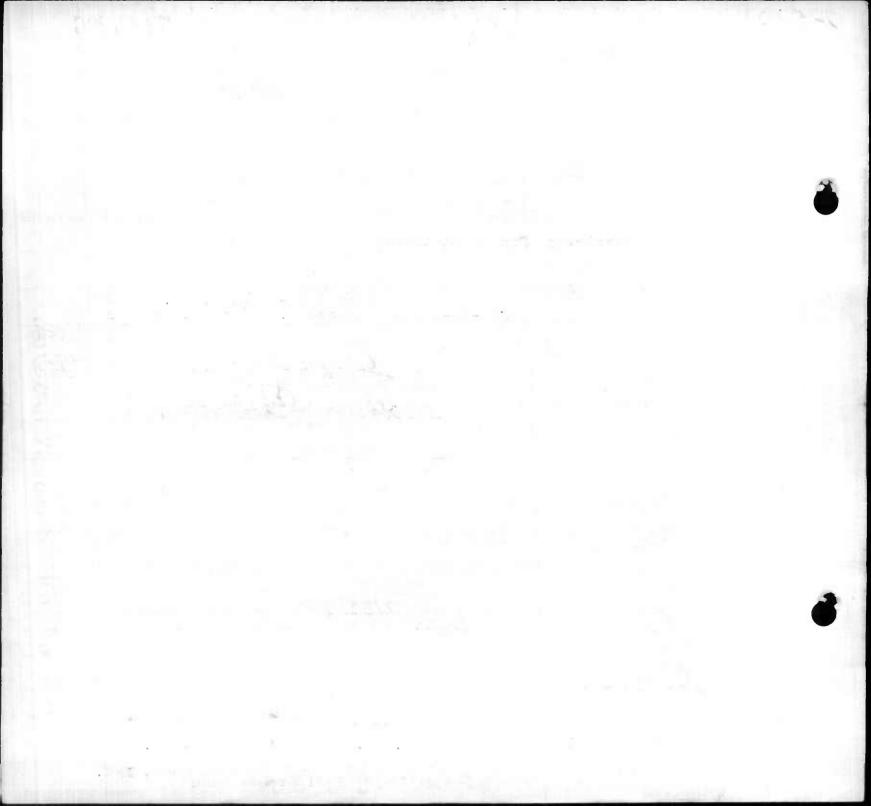
-20	24 5)	BALTIMORE CITY HEALTH DEPARTMENT 199 07995	
	and eath ased the Such	BIRTH NO. 1. NAME OF DECEASED BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 72 07295 CÉRTIFICATE OF DEATH REG. NO. 72 07295 L. DATE AND HOUR OF DEATH	
	- A C	((Type or Print)	
	÷ 0 0 .	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission	M.
	hosp ise (5) and dec	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION GIVE STREET Marvland Baltimore	
	in a rause; attend ior to	HOSPITAL OR ADDRESS OR LOCATION C.CITY OR TOWN Dundalk Baltimore City Hospitals C.CITY OR TOWN Dundalk Baltimore YES NO PA	
	ting d cau r att r att	4940 Eastern Avenue E. STREET AND NUMBER	_
	T	Baltimore, Maryland 21224 1918 Inverton Road	
		5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 16. If Under 24 H. Monthsi Doys Hours Min.	15.
	orthoccur or contrik idetermin in regul deceased	Female Caucasian WIDOWED DIVORCED Feb. 1, 1931 41	
	E O # _ OE	IOA, USUAL O CCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY 11. BIRIHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNT	RY?
	or nde inde	Housewife VA Virginia U.S.A	
	was was he positi	13. FATHER'S NAME	
	L V	Olive B. Osborne Leona White	
Z		15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) 16. SOCIAL 17. INFORMANT 4940 Eastern Avenue	_
=	E UTIOE	No	
S	H 4 - 0 0 L	18. CAUSE OF DEATH APPROXIMATE INTERVAL	
IMPORTANT		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH LEADING TO DEATH LEADING TO DEATH	TH
3	er or hi er. Also, cture of pronoun ar atter balmed	LEADING TO DEATH	
••	ם בים פים	Units does not mean the mode at dying, e.g., heort failure, asthenia, e.g., through the disease.	
S.	xaminer o xaminer. A) A fracture who pronc regular a regular a	injury or complication which caused death.)	
H	Xam Cami A fr Who reg	(B)	
M		DISEASES OR CONDITIONS, if any, giving is to the above cause (A) stating the	
DIRECTOR:	ical exal exal exal exal exal exal exal ex	UNDERLYING CONDITION last. (C)	
	medical medical e r burns; (3 physician an was ii		
A	med burr burr hysi n w	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL A DISEASE OR CONDITION GIVEN IN PART 1 (A).	
FUNERAL	dy dy he icia	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED	_
Z	chi Boo Boo the the ysi	19A. DATE OF OPERATION 18B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No. 120B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING [1] 21B. PLACE OF INJURY (S.g., in or obsult2) C. WHERE DID.	
5	L	CONTRIBUTION OF CONTRIBUTION O	
		S DEATH (notify medical examiner) 40 elc.) No	
		21D. TIME (Month) (Doy) (Yeo) (Hour) 21E INJURY OCCURRED NO 21F. HOW DID INJURY OCCUR? While At D. Not While C.	
	hosp hosp ratur ept v (6)	(APPROX.) While At Not While At Work No While At Work	
	proved by the hosp my nature axcept wand (6)	22. I certify that (I) (this hospital) attended the deceased from 1-15 19 12 to 1-24 19 12	
	G - B	that (1) (and that in (my) (our) opinion death occurred on the do	
	of of to tal (tal);	and haur and from the causes stated above. (I) (Ne) (did) (did net) view the body after death.	116
	leased to leased to ident of hospital o death)	23A, SIGNATURE 1	_
	3 6 0 2 -	Man Jacher, M.D. Attending Med. Staff & 7-29-72	
	T D D D D D D D D D D D D D D D D D D D	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 4940 Eastern Avenue	-
	was re An ac A. at a prior	Karl Stecher Jr. M.D. Baltimore, Maryland 21224	
	certificate moody was related in a CC. An accidence of the ccidence of the cci	24A. BURIAL CREMATION, 24B. DATE 24C.NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stole)	_
	S: (Described and the second of th	
	This cert the body shows: (was D.O decease	II - I - I - I - I - I - I - I - I - I	
	This certif the body shows: (1) was D.O./ deceased written ap	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 7922 Wise Ave. Dundalk, Md	
		VS 150-REV- 1/1/68	=

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-324 72 0729	6 CERTIFICA	HEALTH DEPARTMENT	REG. NO	72 07296
(Type of Print)	STATE OF	MARYLAND DANK	AND HOUR OF DEATH	
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOU	homas		/ 00 / / 00	nstitution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)		A STATE & CO		SIDE CITY LIMITS?
North Charles gen. Hosp		E. STREET AND NUMBER		YES NO
		7/6 N.	Luz erne	1 Venue
Male white WIDOWED		8. DATE OF BIRTH 1/24/06	92 AGE (In yours lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
to A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF done during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or I	oreign country!	12. CITIZEN OF WHAT COUNTRY?
Letin & Upholster Fox U	pholstering	Md. Ba	ltimore	
13. PATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
Andy Steigler		Elizabeth	Sima	
15. Was Deceosed Ever in U. S. Amided Forces? (Yos, no or unknown) (If yes, give war ar dotes of service)	6. SOCIAL SECURITY NO.	17. INFORMANT BOX 18B -	Jessup, Md	207 DPRESS
no 213	-10-2022A	Edward E.	Stiegler,	brother
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATH	6.0-	ment on	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IThis does not mean the mode of dying, e.g., head loilule, asthenia, etc. It means the disease, injury ar camplication which caused death.)	DUE TO, OR AS A	CONSEQUENCE OF:	1 suboles	7
DISEASES OR CONDITIONS, il any, giving nise to the above cause (A) stating the UNDERLYING CONDITION lost.		A CONSEQUENCE OF:	ccident	*******************************
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL O DISEASE OR CONDITION GIVEN IN PART 1 (A)	Greuns	na		
19A-DATE OF OPERATION 19B. CONDITION FOR WI	ICH OPERATION	20 A. AUTOPSY? (Yes or	No. 208 IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF home, otc.)	ACE OF INJURY (o.g., in farm, foctory, street, affi	ar obout 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If In Boltimor	o City, give exoct lacation)
OF INJURY (Month) (Doy) (Yeor) (Hour) 21E, II (APPROX.I While Work	AI Not While At Wark	21 F. HOW DID IN	NJURY OCCUR?	
22. I certify that (1) (this hospital) attended the	deceased from 7	23/7~	_19ta7	129/22 19
that (i) (we) last sow the deceased alive on	7/99/72/	19and	that In (my) (our) opin	nion deoth accurred an the date
ond hour and from the causes stated above. (1)	We (did) (did nat) vi	w the bady after death		
234. SIGNATURE Laboration	Attended Phys.	ding Med. Director	Staff Phys.	23R DATE SIGNED
23.C. PHYSICIAN'S NAME (Type)	OFGREE .	1 Charles	Hogseld	Binne ml
Burial 8/4/72 Bohe	mian Nat. (altimore, M	y, lawn, or county! (Stoto)
	ANNO HON	Schimunek 3331 Bre	Funeral Ho hms Lane	me, Inc.
VS 150-REV. 1/1/68				



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BALTIMORE CITY HEALTH DEPARTMENT REG. NO. BIRTH NO DATE AND HOUR OF DEATH I. NAME OF DECEASED Type or Print) MES 4. USUAL RESIDENCE (Where deceosed lived. If in Itution: residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? LY IMORE CITY LOSPITAL YES Y NO E. STREET AND NUMBER 4940 Eastern Ave.Baltimore City Hospitals 9. AGE (In years S. SEX 6. RACE 8. DATE OF BIRTH If Under 1 Yr. Months: Doys If Under 24 Hrs. 7. MARRIED NEVER MARRIED lost birthday Hours Negro WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) ispositio AROLINA LABORER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces 2308 DRESS ing 6. SOCIAL 17. INFORM ANT Coates Edward St. (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO Records: BCH-4940 Eastern Ave. 21224 312-05-5200 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY 1970 LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) em ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS the above couse (A) stating the 10 UNDERLYING CONDITION last. the remains П ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A) CERTIFIC 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED before No 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) OF INJURY obtained (Month) (Doy) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21 E. INJURY OCCURRED While At Not While [(APPROXI Work At Work 22. I certify that (I) (this hospital) attended the deceased from that (1) (we) lost saw the deceased alive an and that in (my) (aur) apinion death occurred an the date and hour and fram the causes stated above. (1) (We) (did) (did not) view the body after death. must 23A. SIGNATURE 23B, DATE SIGNED Attending [Director D Phys. approva 23C. PHYSICIAN'S 23D. ADDRESS 4940 Eastern Avenue, Baltimore, Md. NAME Type 24A. BURIAL CREMATION, of CEMETERY OF CREMATORY 24D, LOCATION (Stotel REMOVAL (Specify) Burial Balto., Md. Mt. Auburn Cem. 25C. FUNERAL DIRECTOR V. Dailey 2SA, DATE REC'D BY HEALTH DEPT. ADDRESS 1348 Calhoun Street

The state of the s

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

		10.72.49	BALTIMORE CITY	HEALTH DEPARTMENT		179 1 77900
		0729	S CERTIFICA	TE OF DEATH	REG. NO	72 07298
1. N	TH NO. AME OF DECEASED		STATE OF M	RYLAND-DHUR	ND HOUR OF DEATH	
{Тур	e ar Print) Henry (Cockrel	Ll	7-2	ND HOUR OF DEATH	M,
3. P	LACE IN BALTIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (Wh A. STATE B. COU	ere deceosed lived. If NTY	institution: residence before odmissian)
FUI	L NAME OF (IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	MO.		1605
INS	SPITAL OR ADDRESS OR LOCA	(IION)		C. CITY OR TOWN Balto.	D. IN	SIDE CITY LIMITS?
	2533 W. I	o foret	ate Ave	E. STREET AND NUMBER		YES 4 NO
- (parayce	, , , , , , , , , , , , , , , , , , ,	2533 W. Laf		
_	lale Negroid	WIDOWED		1-30-72	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work during most of warking life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	Va,	reign cauntry)	U.S.A.
13. [Moses Cockrel	1		14. MOTHER'S MAIDEN NA Fanni	Le Hudnell	
Yes	Nas Deceased Ever in U. S. Armed Far no or unknown) (If yes, give wor or dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	18. 44. 1 3		CAUSE OF DEAT	Laura Haile	same	APPROXIMATE INTERVAL
DICAL CERTIF	WAS PERIOR OF CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Day) (Year) OF INJURY	dying, e.g., the disease, death.) any, giving stoting the NTRIBUTING HE TERMINAL T t (A). DITION FOR V FORMED 218, hom etc.)	(B) DUE TO, OR AS (C) WHICH OPERATION PLACE OF INJURY (e.g., i	20A. AUTOPSY? (Yes or No or about 21C, WHERE DID INJURY OCCUR?	No) 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH? Dre City, give exoct lacation)
	(APPROX.) 22. I certify that (I) (this hospital that (I) (we) last saw the decease and have and from the causes state 23A. SIGNATURE) attended the	At Work ne deceased fram 7 y 29 (We) (did) (did nat)	19 7 and the bady after death		19 72 which death accurred an the date
	23C. PHYSICIANS NAME (Type) DOS N. ZIE		DEGREE Phy	23D. ADDRESS 2 50	Shaff Phys. Clu	.17
I	BURIAL CREMATION, 248. DATE (Specify) 8-5-72		hurch Cemet	31.50	rthumberla	city, town, or county) (State)
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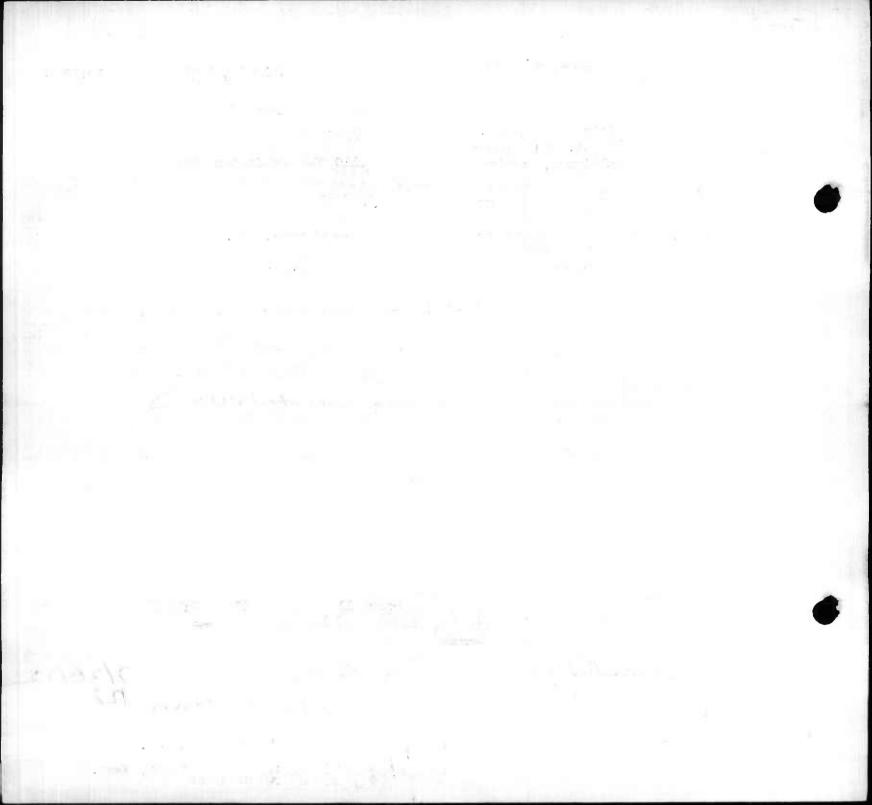
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11.	BIRTHPLACE (S	lote or foreig	n country)				13. FATHE	R'S NAME						
		Va.					Hend	erson	n .TC	nne				
144	USUAL OCCU	PATION (Give	e kind al work	14B. KIND			Y 15. MOTH	ER'S MAID	EN NA	ME .				
don	e during most of w	orking life, ev	en itretired)			מייו דם	in Ru	+100						
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	DISEASES	OR CONDITIO	ONS, IF ANY			DUE TO, OR	AS A CONS	EQUENCE (OF:					
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F	OTHER SIGN			ONTRIBILIT	ING									
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≥		(Month) (D	oy) (Year	Hou	r) 22E.			22F. HOW	DID IN	JURY OCC	JR?			
	(APPROX.)				m. WHI									
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24	A. BURIAL CREA	MATION, 2	4B. DATE		24C.	NAME of CEMETERY	or CREMA	ORY	24D.	LOCATION	(City, tov	n, or county)	(Str	ote)
RE	MOVAL (Speci	fy)												
25	A. DATE REC'D	BY HEALTH	1079	258	AME O	FREGISTRAR	25C	FUNERAL	DIRECT		~~~~	ADDRESS		
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J. F	LACE IN PALI	IMOKE MAKILAND, W	HERE PRONOU	NCED DEAD	A. STATE	B. COUN	TY	institution:	residence belore o	dmission)	
FUL	L NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	TION, GIVE STREET	Md Howard						
INS	TITUTION	Midtown Ho			C. CITY OR TOWN D. INSIDE CITY LIMITS?						
	70	808 St. Pa			Elkridge	I MARED		YES _] NO [
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5. \$1	EX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years			1 24 Hrs.	
	F	C	WIDOWED		8/20/92		lost bithdoy 79	Months	Days Hours	Min.	
10Å.	USUAL OCCU	PATION (Give kind at work		BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sto	ote or fare	ign country)	12. CIT	ZEN OF WHAT C	OUNTRY?	
	ousewi.	rorking life, even if refired)	at h	ome	Baltimore, Md.						
13. F	ATHER'S NAM	A E			14. MOTHER'S MAI	IDEN NA	ME				
		Herbert			unkı	nown					
15. W	Vas Deceased	Ever in U. S. Armed For Uf yes, give war or date	ces?	6. SOCIAL SECURITY NO.	17. INFORMANT				A DDRESS		
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	18.	2141		CAUSE OF DEATH	1	-	> '(APPROXIMATE IN		
		E OR CONDITION DII LEADING TO DEATH	RECTLY	Cardi	o-Vest	uad	any race	ne	1		
		of mean the mode of	dying, e.g.,	(A) IMMEDIATE CAU		10		0.			
	heart failure,	osthenio, etc. Il meons plicotion which coused	the diseose,	ENETO, OR AS	A CONSEQUENCE OF	The second	of sau	-			
		NTECEDENT CAUSES	G G Mills	aste	under	te	CUH	0			
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AT	DISEASE OR CO	INDITION GIVEN IN PAR	T I (A).		······································						
ERTIFICATION	DATE OF	OPERATION 198 CON WAS PER	ORMED OR W	HICH OPERATION	20A. AUTOPSY?	Yes or No	IN CERTIFYING	E FINDINGS	DEATH?		
0	21 A. A.C. CIDEN OR CONTRIBUT DEATH Inotify	T WAS UNDERLYING [TING] CAUSE OF medical examiner)	21 B. F home etc.)	LACE OF INJURY (e.g., in form, foctory, street, of	ar about 21 C. WHER	E DID CCUR?	(If In Boltin	nare City, gl	ve exact lacation)		
0 2	21 D. TIME	(Monthl (Day) (Year)	(Hour) 21 E, 1	NJURY OCCURRED	21F. HOW	DID INJ	URY OCCUR?				
	OF INJURY (APPROXI		While Work	Not While							
1	22. I certify t	that (1) (this hospital) attended the	deceased from Ma	rch 11		19 71 to Ju	Ly 28	19	72	
	that (I) (we)	lost saw the decease	d olive on	July 28	5 19 12	ond th	at In(my) (o	pinion dec	oth occurred on	the date	
			ed abave. (I)	(dld nat) v	lew the body ofter	death.					
2	23A. SIGNATUR	land ()	ply	913	nding Med.	а. П	Staff Phys.	23 B, DA	TE SIGNED	53	
1	NAME (Ty	YS pel	1	DEGREE	23D. ADDRESS	10.	to cha	1/20	na.		
244	BURIAL CREA	MATION 1248, DATE	octt	DEGREE	1 1100	-CI	156300				
	REMOVAL (S	pecify)		ME of CEMETERY of CRE			altimore	City, town,	or county)	(Stote)	
25A.	DATE REC'D	BY HEALTH DEPT. AUG 2 1972	258. NAME OF				Funeral I		InC.		
	50 BEV 1/1//		/	A 100	AO SSOT	Die	Lane Lane				



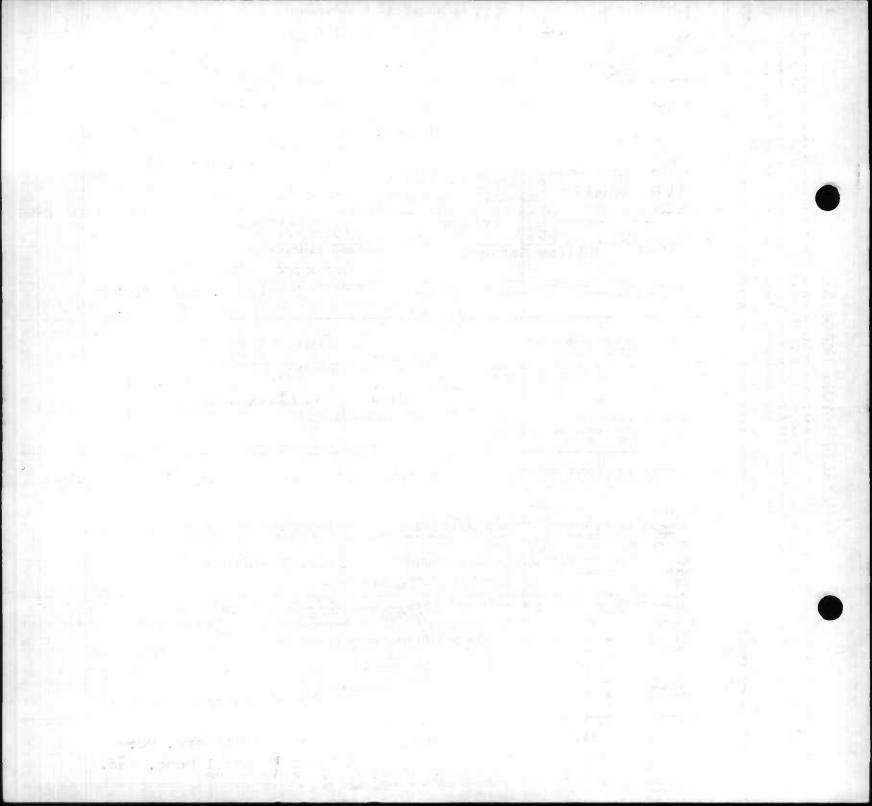
FUNERAL DIRECTOR: IMPORTANT

Such of death (4) Undetermined cause; (5) Deceased FO hospital death. attendance or contributing cause prior occurred is made. regular deceased disposition = MOS the direct assistant if death 6 or final attendance dny pronounced embaimed fracture of regular who are (3) A 5 physician the remains the chief medical MOS medical burns; No physician (2) Body the 0 before 910 to the hospital any nature; × h obtained 9 approved (except pup 90 death) hospital fy was released (1) An accident must 10 approval 0 prior to was D.O.A. eceased he body decease shows:

BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. I NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) J. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before A. STATE R. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION OF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION 22 C. CITY OR TOWN D. INSIDE CITY LIMITS? YES NO E. STREET AND NUMBER 3 OVER 5. SEX & DATE OF BIRTH 6. RACE 9. AGE (In years Il Under 1 Yr. Months: Doys If Under 24 Hrs. NEVER MARRIED Hours lost birthdoy lap WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give Lind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)

done during most of working life, even if refired)

ROOD tz 12. CITIZEN OF WHAT COUNTRY? LAN DAIRY WORKER 13. FATHER'S NAME 4 MOTHER'S MAIDEN NAME Sasscer Knowh XXXXXXXX Katherine 15. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown! ill yes, give war or dotes of service! & SOCIAL 17. INFORMANT Charles W. Sasscer, SECURITY NO. 3021 Woodhome Ave. 21234 NO CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE mon (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, If any, giving DUE TO, OR AS A CONSEQUENCE the above cause (A) stating the UNDERLYING CONDITION last CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Mo-vascular aga TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 1198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED ARCINOma 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218 PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (II In Baltimore City, give exact location) MEDICAL DEATH (notify medical examined etc OF INJURY (Month) (Doy) (Yeod (Hous) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? Not While While At (APPROXI Work At Work 22. I certify that (1) (this hospital) attended the deceased fram. that (i) (we) last saw the deceased alive an and that in (my) (aur) apinion death accurred on the date and have and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 238, DATE SIGNED Attending Phys. Director DEGREE 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, lown, or county) REMOVAL (Specify) Burial 8/1/72 Holy Redeemer Cemetery Baltimore, Md. 25A. DATE REC'D BY HEALTH DEPT. 258, MAANE OF REGISTRAL hek Funeral Home. Inc. 3331 Brehms Lane VS 150-REV. 1/1/68



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E	he body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	2	0	=
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this certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	he	she	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. STATE OF MARYLAND-DHMH								2 07302		
	or Print)		o o mi a	2. DATE AND HOUR OF DEATH						
3. PL.	ACE IN BAL	Virgie A. I	HERE PRONOUNCED DEAD	A. STATE	B. COU	st 1, 19 ere deceosed lived. NTY		: residence before odmissian)		
HOSE	NAME OF PITAL OR TUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET ATION)	Maryland c. CITY OR TOWN Baltamore E. STREET AND NUMBER						
	1815	E. Belveder	e Ave.	1815 E. Belvedere Ave						
S. SEX	K	6. RACE	7- MARRIED NEVER MARRIED	8. DATE OF BIR	тн	9. AGE (In years	If Un	der 1 Yr. If Under 24 Hrs.		
Fe	male	White	WIDOWED A DIVORCED	7/3/18	96	76	1710111	20,3		
		UPATION (Give kind of work working life, even if retired)	108 KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE	(Stote or for	eign country)	12. C	TIZEN OF WHAT COUNTRY		
	usewi		Home	Maryla	nd		U	.S.A.		
13. FA	ATHER'S NA	ME		14. MOTHER'S		ME				
Je	rome	Bedsworth		Kate P	h17711	ne				
15. W	as Deceased	Ever in U. S. Armed For		17. INFORMANT		7.5		ADDRESS		
No		in yes, give wor or dole	and an Coal	DArthur	V . T.	comis 18	15 E	Belvedere A		
	8.	77 77	CAUSE OF DEA		1 4 23	OOMID IO	- D 110	APPROXIMATE INTERVAL		
NO	THER SIGNI	e abave cause (A) G CONDITION last.	(c)		٩					
& ID	ISEASE OR C	TH BUT NOT RELATED TO TO ONDITION GIVEN IN PAR	T 1 (A).	1264 444000		1-) 265 IF Yee 1				
ERTIFIC,	YA. DATE OF	OPERATION 198. CON	DITION FOR WHICH OPERATION FORMED	20 A. AUTOP	213 (Les of M	IN CERTIFYING	CAUSES O	GS CONSIDERED F DEATH?		
J 2	A. ACCIDE OR CONTRIBLE DEATH (notify	NT WAS UNDERLYING DITING CAUSE OF medical examiner	218 PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. W office bldg., INJUR	HERE DID Y OCCUR?	(If in Bo	Itimore City, (give exoct location)		
30	D. TIME F INJURY APPROX.)	(Month) (Doy) (Year)	(Hour) 21E, INJURY OCCURRED While At Not White At Work Not Work	ile 🗀	OW DID IN	JURY OCCUR?				
11	22. I certify that (I) (this hospital) attended the deceased fram June 1972 to June 26 1972, that (I) (we) last saw the deceased alive an June 26 1972 and that In(my) (aur) apinian death accurred an the date									
	and haur and fram the causes stated abave. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE Attending Med. Staff Phys. Director Phys.									
			An			Shoff Phys.	23 B. D	ATE SIGNED		
24A.		MATION, 248. DATE	AH	23 D. ADDRESS	100	Shoff Phys. D	(City, town	6 M.d		

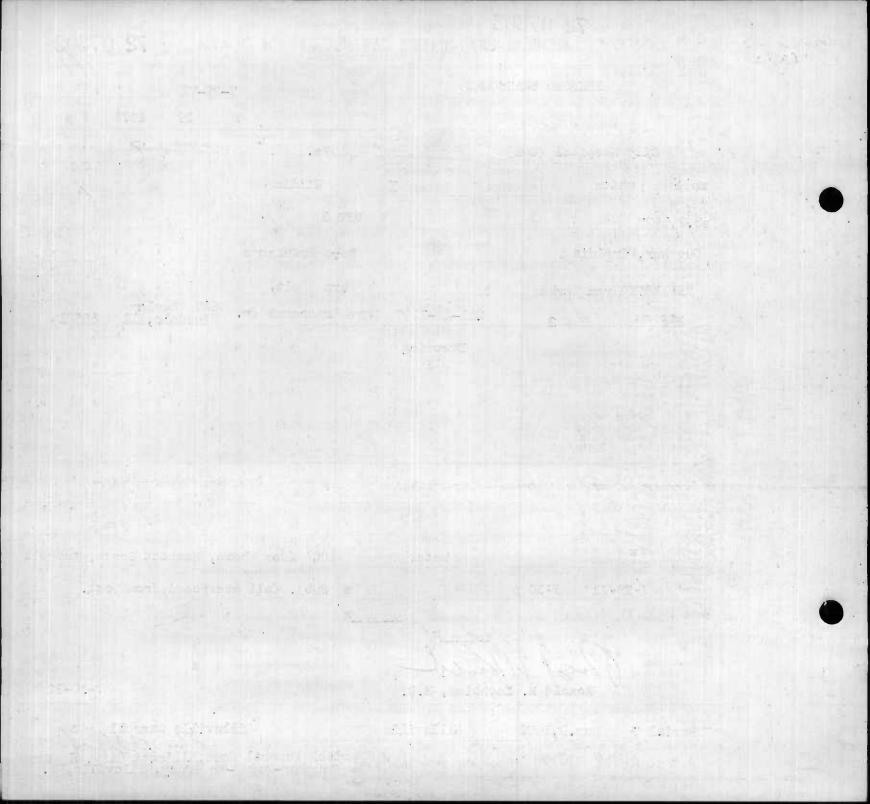
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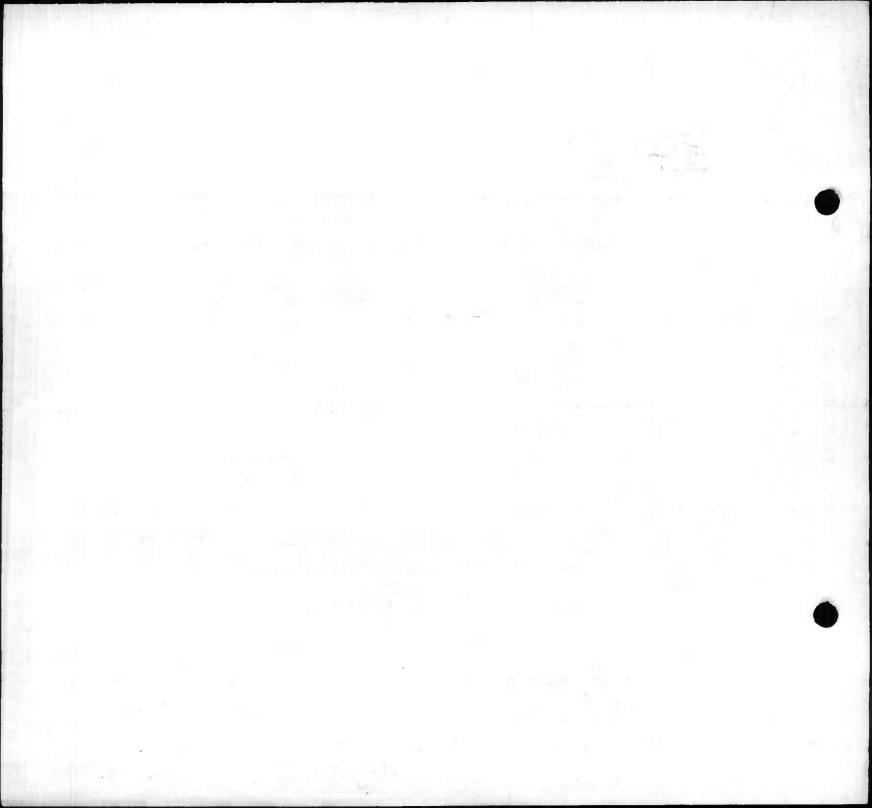
MEDICAL	EXAMINER'S	CERTIFICATE OF	DEATH REG. NO. 72

BIR	TH NO.		MED	ICAL	EXAMIN	ER'S C	ERTIFIC YLAND-D	CATE OF	DEAT	H REG. NO.	72 0	7303	
1. NAME OF DECEASED (Type or Print) REXFORD BRANSCOME							2. DATE OF DEATH	Knawn [] Estimoted []	Manth 7-2	Day	Year	Haur	М
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)						3. DATE Month Day Year Haur PRONOUNCED DEAD 7 29 1972 8 p							
	21-	ty Hos	pital	(DOA)			A. STATE	ESIDENCE (Where	e aeceasea II	B. COUNTY	P	perore admissi	ion)
6. S	ale	7. RACE white		8. MARRIE	D NEVER MA	ARRIED ORCED	C. CITY OR	TOWN Willis		D. INSIDE CIT	_	No 🛭	
	b.2,192		10. AGE (In	yeors 45	If Under 1 Yr. If Un Months Doys Ho		E. STREET A	3					
	BIRTHPLACE (S Dugshur	tale or fareig		1	2. CITIZEN OF WHAT COUN	TRY?	13. FATHER	s NAME e Bransco	me				
	USUAL OCCU	PATION (Giv	e kind af work		OF BUSINESS OF	R INDUSTRY		R'S MAIDEN NA					
	WAS DECEASI , na or unknown)	ED EVER IN	U.S. ARMED	FORCES?	17. SOCIAL SECURIT 231-42-	1497	18. INFORM Dave B	ranscome		27 Thurlinsdale.		60521	
TIFICATION	(This does not heart failure, injury or com AN DISEASES CRISE TO THE UNDERLYIN OTHER SIGN TO THE DEADISEASE OR	LEADING TO at mean the asthenia, etc pplicotion whi NTECEDENT DR CONDITI E ABOVE CA NG CONDIT IFICANT COL ATH BUT NOT CONDITION	mode of dyt means thet means thet ch coused dec CAUSES ONS, IF ANY USE (A) STAT ION LAST. II NDITIONS CC T RELATED TO GIVEN IN PA	ing, e.g., disease, oth.) , GIVING ING THE DNTRIBUTI THE TERMINART 1 (A).	(8) (C)	MMEDIATE C	AUSE AS A CONSEQ AS A CONSEG	QUENCE OF:			BETW	PROXIMATE INTI-	D DEATH
1	2	NAL CAUSE		12:	28 PLACE OF IN	JILIPV(e.g.	in ar chaut 2	2C WHERE DID	(If in Baltima	re City, give exa	yes		200
22A. EXTERNAL CAUSE WAS UNDERLYING FROM CONTRIB. UNING CAUSE OF DEATH. 228. PLACE OF INJURY (e.g., in ar obaut 22C. WHERE DID (If in B hame, form, foctory, street, office bldg., etc.) INJURY OCCUR? 100 from shows that the contribution of injury occurs of the place of injury occurs of injury occurs of the place of injury occurs of injury										Merritt	t Beac		dalk
		JRE ER'S	deld on Indicatoral cou	ses [Accident Acc	Suicid M.D	ASSI		Undetermi EXAMINER EXAMINER	death in my		DATE SIGN 7-30-72	
	BURIAL CREA MOVAL (Specific Burial	(y)	248. DATE	972	24C. NAME of Hill	CEMETERY sville		PRY 24D.	Hills	(City, town	or county	(State	•)
	. DATE REC'D	AUG 2			ME OF REGISTR	host	Sla	UNERAL DIRECT	al Home	Ellico Grady, H	t.t. (11	y, Md ille, Va	for
VS 1	S1-REV. 1/1/68		C# 54	4-1	11		0	2 2 1	-			1	



0	101	1
F	hospital and use of death (5) Deceased	death. Such
•	occurred in a contributing cause;	regular attend eased prior to is made.
MPORTANT	r his assistant if death ilso, if the direct or c of any kind; (4) Undet	tendance on the dec
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	rne prizician who prond ysician was in regular a e the remains are embalm
F	ased to the hospital by	death); and (6) No ph nust be obtained befor
	This certificate mu the body was rele shows: (1) An accid	deceased prior to written approval

	BALTIMORE CITY HEALTH DEPARTMENT							
	172 07304 CERTIFICATE OF DEATH REG. NO. 72 07304							
1	NAME OF DECEASED STATE OF MARYLAND DHMH							
	PRICE, WILLIAM Herbert 7-30-72 19							
	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY							
- 11	ULL NAME OF OF OFFICE OF IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN ID INSIDE CITY LIMITS?							
	THURCH HOME & HOSPITAL, BALTO. BALTIMORE YES NO							
	E. STREET AND NUMBER							
5	SEX GRACE TO MARRIED THE MARRIED THE SEX OF MALTO 2/205							
	MALE MARRIED NEVER MARRIED 8. DATE OF BIRTH NOTE: No server Married No. AGE (in yeors last birthday) MALE WIDOWED DIVORCED 03-09-98 If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.							
1	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
- 11	RETIRED Chauffer Baltimore City MARYLAND Baltimore USA							
	FATHER'S NAME							
	VOSEPH PRICE CATHERINE BORANN Rabeman							
lo	wes Deceased Ever in U. S. Armed Forces? es.no or unknown) (II yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Margaret Stroup, sister							
	no 217-03-7437 HOSPITAL RECORDS 4435 Shamrock A							
	DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
	LEADING TO DEATH							
	heart failure, asthenia, etc. It means the disease,							
	injury or complication which caused death.) ANTECEDENT CAUSES A							
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF:							
	underlying Condition last.							
O TAN O	TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL LIPONAL							
1	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION 20A AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED							
Centie	NONO WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?							
	OR CONTRIBUTING CAUSE OF In Boltimore City, give exoct location)							
77102	DEATH (notify medicol exomined) etc.) 21D-TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED (21E HOW DID (MURY OCCURRED))							
2	White As - No Mills -							
	NOINE Work L. At Work L.							
	ond have and from the causes stated above. (1) (We) (dld) (dld nat) view the body ofter death.							
	23A. SIGNATURE 23B. DATE SIGNED							
	Bernard Likera MD DEGREE Phys. Altending Med. Director Phys. 2 7-30-71							
	23C. PHISICIAN'S NAME (Type) NO VIVIN ALL DEGREE 23D. ADDRESS							
24	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, lows, of County) (Said)							
	Burial 8/3/72 Holy Cross Cemetery Baltimore, Md.							
25	Salutione, Mar							
	AUG 2 1972 Andrey Whorker Schimunek Funeral Home, Inc.							
V:	150-REV. 1/1/68							



BALTIMORE CITY HEALTH DEPARTMENT of death (5) Deceased BIRTH NO. I. NAME OF DECEASED (Type or Print) 0 July 30, 1972 Kelly, Elizabeth hospital death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
8. COUNTY ance COUSE Baltimore, Maryland FULL NAME OF HOSPITAL OR INSTITUTION UF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION C. CITY OR TOWN etermined cause; 0 attend 10 Pleasant Monor Nursing & Convl. Center prior contributing 4615 Park Heights Avenue Baltimore, Maryland 21215 E. STREET AND NUMBER occurred 3138 McElderly Street regular 5. SEX 9. AGE (in years lost birthday) 6. RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED deceased 5/29/95 Female White WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of lateign country) death disposition 2 done during most of working life, even if retired) 0 Baltimore, Maryland (4) Und Tailoring Grief & Co. Was 13. FATHER'S NAME the 14. MOTHER'S MAIDEN NAME direct Thomas Kellv assistant eath 0 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown] (If yes, give wor or doles of service) kind 6. SOCIAL 17. INFORMANT final SECURITY NO. attendance ō 212-24-9739A any pronounced CAUSE OF DEATH 0 DISEASE OR CONDITION DIRECTLY regular atter ō Seart Farlune LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not mean the mode of dying, e.g., heart loilure, asthenia, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF: injury or complication which caused death.) ANTECEDENT CAUSES who are 4 DISEASES OR CONDITIONS, if any, giving ල rise to the above cause (A) stating the physician UNDERLYING CONDITION last before the remains Was a medical H CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Muxedena No physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) (2) Body the 19A- DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where 21B, PLACE OF INJURY (e.g., in or about 21C, WHERE DID home, form, factory, street, affice bldg., INJURY OCCUR? to the hospital MEDICAL DEATH (notily medical examined) any nature; obtained 21D. TIME (Month) (Doy) (Year) (Hour) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 3 Not While (except While At (APPROX) At Work and Work 22. I certify that (1) (this hospital) attended the deceased from duly 14, 1472 pe that (I) (we) last saw the deceased alive an. hospital eath) the body was released shows: (1) An accident and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death. must 23A. SIGNATURE Ö unbutoley tun Attending 🔀 Med. 0 Shaff Director __ Phys. 8 at

D. INSIDE CITY LIMITS? YES X NO If Under 1 Yı. Monthsi Doys If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? Margaret McSherry ADDRESS Marie D. Simpson, neice, above SETWEEN ONSET AND DEATH une arterio Elevitic Heart Assense 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (Il In Boltimore City, give exact location) and that In(my) (aur) opinion death occurred an the date 23B. DATE SIGNED pproval 23C. PHYSICIAN'S NAME (Typel prior 23D. ADDRESS 1206 GOUCHER BLUD, BALTIMOKE, Md 21 D.O.A. 24A. BURIAL CREMATION, 24B. DATE bespese 24C. NAME OF CEMETERY OF CREMATORY 0 24D. LOCATION (City, town, or county) Burial Baltimore Cemetery Baltimore, Md. Was 25A. DATE REC'D BY ADDRESS 0 VS 150-REV. 1/1/68

72 07305

M.

come ve fontese son forme

1914

1.

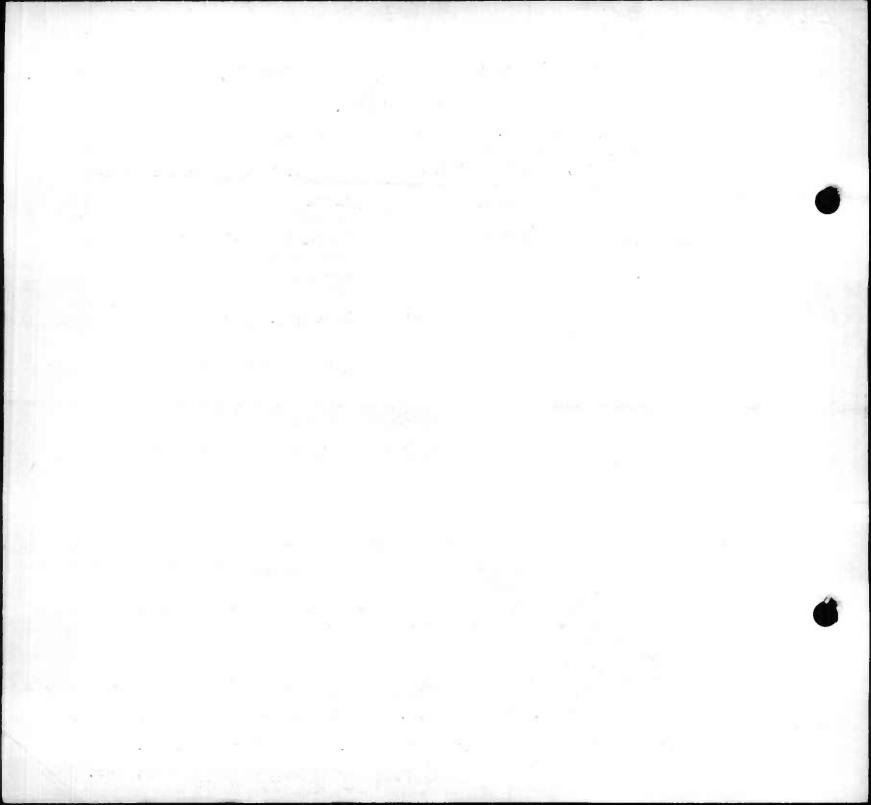
Park and the second

primer and the second

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

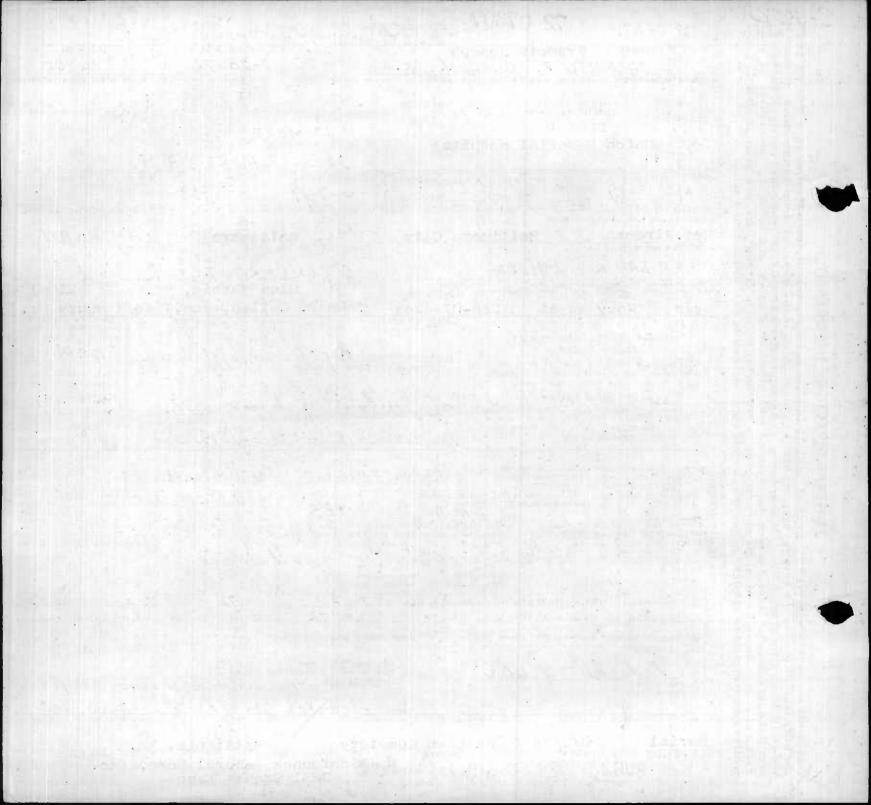
				BALTIMORE CIT	Y HEALTH DEPA	RTMENT		17.54	N 62200	0
RID	TH NO.	72	673	OG CERTIFICA	TE OF D	EATH	REG. NO	- 11	2 0730	6
1. N	AME OF DECEA	SED M		STATE OF	MARYTAND-	INDIANTE.	ND HOUR OF DEAT	н		
Піту	pe or Print)	Agnes	Adams	ki			29, 197		1 11	Α
3.	PLACE IN BALTIA	AORE, MARYLAND, W	HERE PRONC	UNCED DEAD	4. USUAL RESI	DENCE (Who	ere deceased lived tf	institutions	residence before	odmission!
II Ho	LL NAME OF	ADDRESS OR LOCA	AL OR INSTITUTION	TUTION, GIVE STREET	Md.	WN	lo 18	NSIDE CITY	X D	2
	The	e Good Sam	aritar	Hospital	Balti		D. 11	YES T		
9	560	ol Loch Ra	ven Bo	oulevard	E. STREET AND			112	140	
		Ltimore, M			4403	St. Th	nomas Ave	niie 2	1206	
5. 5	EX 6.	RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIR	TH	9. AGE (In years	If Und		er 24 Hrs.
	F	W	WIDOWED	DIVORCED	12-06-	-00	lost birthdoy) 71	Moniha	Doys Hours	Min.
A01	USUAL OCCUP	ATION (Give kind of work king life, even if retired)	108. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLA CE			12. Ct1	ZEN OF WHAT	COUNTRY?
	Housewif	ie .	at	home	Maryla	and	Baltimore	U	SA	
13.	FATHER'S NAME				14. MOTHER'S	MAIDEN NA	ME			
	Harry B.				Mary (Coyne				
15. Yes	Wos Deceased Ev	er in U. S. Armed Force yes, give war ar dates	es? of servicel	1 6. SOCIAL SECURITY NO.	17. INFORMANT				ADDRESS	
				216 48 3786	Willi:	n TO II	Ndoma (2005	21234	
	18.	27		CAUSE OF DEAT	1 TV relatives also also C	din Li	Adams .	2905	APPROXIMATE I	
	DISEASE	OR CONDITION DIR	ECTLY					,	BETWEEN ONSET	AND DEATH
		ADING TO DEATH		(A)MMEDIATE CAL	ISE congestive heart fulure 10 years					
	(This does not heart failure, os	meon the mode of	dying, e.g.,	DUE TO, OR AS	A CONSEQUENCE	OF:			73	
	injury or compli-	injury or complication which caused death.)								
	AN	TECEDENT CAUSES		101 Hupe	Lensise	arter	io solo tote	ı		
	DISEASES OR	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF:								
		underlying condition last. (c) Cardia 105 calar direase line before								
CERTIFICATION	TO THE DEATH B	ANT CONDITIONS CON BUT NOT RELATED TO THE DITION GIVEN IN PART	E TERMINAL	***************************************			******************			**********
TIFIC,		PERATION 198 CONE WAS PERF	ITION FOR	WHICH OPERATION	20A. AUTOPS	Y? (Yes or No	208. IF YES, WER	E FINDING:	CONSIDERED DEATH?	
	21A. ACCIDENT OR CONTRIBUTION	WAS UNDERLYING	hon	PLACE OF INJURY (e.g., ine, form, (octory, street, o	n or about 21 C. Wi	HERE DID	(if In Bolilm	ore City, gi	ve exoct location)	
S	DEATH (notify me	edicol exomined	etc.	3						
	21D. TIME (NO OF INJURY	Nonthi (Doyl (Year)		INJURY OCCURRED		INI DID WC	URY OCCUR?			
2	(APPROX.I		Wh	ile At Not While	• 🗆					
	22. I certify the	ot (1) (this hospital)	attended t	he deceased from		1	1922 to Hu	1. 2	9 30	77-
		st saw the deceased					at In(my) (our) or	/		22
1				l) (We) (did) (did nat) v			ar in (my) (our) of	pinion dec	ith accurred an	the date
	23A. SIGNATURE	on the couses store	d dbove. ((ne) (ala) (ala nat) v	lew the body at	iter deoth.		1000 DA	TE CIONES	
Liliard Mulle Whose Attending Med. Stoff Phys. 238, DATE SIGNED 238, DATE SIGNED 10 17 29/9									97-	
	23CAHYSICIAN'S NAME (Type	-		CAPEGREE	23D. ADDRESS		,	1 / 4	7 011	1+4
	TTTTTE TTYPE	Richard J	. Owe	llen M.D.	5601 L	och R	aven Boul	evaro	21239)
24A	BURIAL CREMA	TION, 24B, DATE	24C, N.	AME OF CEMETERY OF CRI				City, town,		(Stotel
25.	Burial	8/2/72		w Cathedral			altimore,	, Md.		
25A	DATE REC'D BY	G 2 1972	25B HAME	OF REGISTRAR	Schit			lome.	InC.	-

3381 Brehms Lane VS 150-REV. 1/1/68



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

BALTIMORE CIT	Y HEALTH DEPARTMENT . REG. NO. 72 07307
72 07307 CERTIFICA	ATE OF DEATH REG. NO.
BIRTH NO.	MARYLAND-DENH
1. NAME OF DECEASED Francis Joseph	2. DATE AND HOUR OF DEATH
MICHAEL F. CULLEN. Sr.	7-30-72 14:05 M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MD. PALTO SE
INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
44 Union Managina III amidaa	BALTIMORE YES NO
9 9 Union Memorial Hospital	
	3205 ELMORE AVE.
5. SEX 6. RACE 7. MARRIED X NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Days Hours; Min.
M WIDOWED DIVORCED	4-7-19 lost birthdoy) 53 months Doy's months.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	
Ret.Fireman Baltimore City	MD. Baltimore AMERICAN.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
PATRICK CULLEN	O'COUNTED TOTED
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	O'CONNER, ESTER 17. INFORMANT Glen Burnie, Md. ADDRESS 21061
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	
yes Navy WW W1 218-07-4243	John P. Cullen, son, 7944 Roxbury Dr.
18. 5 7 / CAUSE OF DEA	
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	USE Rapatic insufficiency 22 days
(This does not mean the mode of dying, e.g., OLIFTO OR AS	A CONSEQUENCE OF
near failure, ostneria, etc. it means the disease,	A constagning of
injury or complication which caused death.)	
ANTECEDENT CAUSES	rhosis of Liver
DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	S A CONSEQUENCE OF:
risa to the above cause (A) stating the	PONIC ALCHULISM
UNDERLYING CONDITION last. (C).	ONIC /IC (/10C1)/1
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING RENAL	FAILURE, PNEUMONIA.
d Disease or Condition Given in Part 1 (A).	1 MEGIRE - JACON 19 WILL
U 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
198. CONDITION FOR WHICH OPERATION WAS PERFORMED N. A.	YES IN CERTIFIED CAUSES OF BEATH:
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, foctory, street,	in or about 21 C. WHERE DID (If in Baltimore City, give exact location)
DEATH (notify medical examiner)	office bldg., INJURY OCCUR?
$N \cdot 7$. $N \cdot A$. N. H.
OF INJURY (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	N. A. 21F. HOW DID INJURY OCCUR?
(APPROX.) White At Not Who Work At Work	ile A/A
/ // .	//-//
22. I certify that (I) (this haspital) attended the deceased from	
that (1) (we) last sow the deceased alive on 7-20	19 72 and that in(my) (aur) apinlan death occurred an the dote
and haur and fram the couses stoted obove. (1) (We) (did) (did not)	view the bady ofter deoth.
23A. SIGNATURE	23 B. DATE SIGNED
AT I DI AP	tending Med. Staff ys. Director Phys.
DEGREE	ys. L. Director Phys. L.
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS THE UNION MEMORIAL HOSPITAL
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C	REMATORY 24D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify)	
Burial 8/2/72 Oak Lawn Ceme	Baltimore, Md. 25C. FUNERAL DIRECTOR Schimunek Funeral Home, Inc. 2331 Brehms Lane
25A. DATE REC'D BY HEALTH DEPT. 25B. MAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
AUG 2 1972 Howy whom	pointmunek Funeral Home, Inc.
VS 150-REV. 1/1/6B	Brenms Lane



72 07308 BALTIMORE CITY HEALTH DEPARTMENT .

DIE	MEDICAL EXAMINER'S C	CERTIFIC	CATE OF	DEAT	H REG. NO.	72 (07308	3
_	NAME OF DECEASED	2. DATE	Known	Month	Day	Yeor	Hour	
	JOSEPH LONG	OF	Estimated	Monin	Day	1601	11001	
4	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE		Month	Day	Year	Haur '	М.
1			INCED DEAD	_				
HO	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SPITAL ADDRESS OR LOCATION) INSTITUTION	5 IISHAL DI	SIDENCE (Where	decensed liv	30:	1972	7:45p	
	70	A. STATE	SIDEIACE (Mileie		B. COUNTY	1		O.I.,
_	University Hospital	0.01711.00	Md.	25 (D INICIDE C	Anne A	rundel	(0.
6.	SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR	IOWN		D. INSIDE C	ITY LIMITS?		
	male white WIDOWED DIVORCED		Glen Burn:	Le	Υ	ES I	10 K	
9. [DATE OF BIRTH 10. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	E. STREET A	ND NUMBER					
1	April 8, 1948 24	504 B	alto. & Ar	napoli	s Blvd	•		
11.	BIRTHPLACE (State ar fareign cauntry) 12. CITIZEN OF	13. FATHER	SNAME					
	Philadelphia, Pa. WHATGOUNTRY?	Joseph	Long					
144	LUSUAL OCCUPATION (Give kind af work) 14B. KIND OF BUSINESS OR INDUSTRY in during mast of working life, even if retired)	15. MOTHE	S'S MAIDEN NAM	ΛE				
/	ineman (&P Telephone (o.	Donot	ry Hibbs					
16.	WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	IB. INFORM	MANT		A	DDRESS	2100	51
(10	s, no or unknown) (If yes, give war or dates of service) SECURITY NO. 150-34-5022	Vicki	Lee Long	10 Su	mac Roc	nd Glen		e. Md.
۳	19. r CAUSE OF DEA					API	PROXIMATE INTE	RVAL
	DISEASE OR CONDITION DIRECTLY Shotgun Wour	nd of h	ead			BESAA	EEN UNSEI ANL	DEATH
	LEADING TO DEATH		cau					
	(This does not mean the made of dying, e.g., DUE TO. OR A	AS A CONSEQ	UENCE OF:					
	heart foilure, osthenia, etc. It means the disease, injury or complication which caused death.)							
	ANTECEDENT CAUSES (B) DUST ASSES OF CONDUCTIONS OF ANY CONTROL OF CONDUCTION OF COND	AS A CONSE	NIENCE OF					namento tendrandro
	RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSE	QUENCE OF:					
z	UNDERLYING CONDITION LAST. (C)							
은	11							
\	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL							
쁘	DISEASE OR CONDITION GIVEN IN PART 1 (A).							
CERTIFICATION	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes ar	Na)
						no		
EDICAL	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- 22B. PLACE OF INJURY(e.g., hame, form, factory, street, affic	in or about 2	2C. WHERE DID	(If in Baltimor	e City, give ex	act lacation)	in	-
0	UTING CAUSE OF DEATH. home		504 Balto				20	0.0
Σ	OF INJURY (Manth) (Day) (Year) (Hour) 22E, INJURY OCCURRED	12	2F. HOW DID IN	JURY OCCL	IR?			
	(APPROX.) 7-30-72 5:30 pm. WHILE AT WORK	WHILE WORK	Shot sel:	f.				
	23.							
	I certify that I held an Inquiry Inspection X Au		and that on the		-			
	resulted fram: Natural causes Accident Suicio	de 🔀 Ho	micide 🗌	Undetermin	ed manner			
	100		CHIEF MEDICAL E	XAMINER			DATE SIGNI	ED
	SIGNATURE MANY SPART M.D	ASSI	STANT MEDICAL E	XAMINER 2			DAIL SIGIN	
	EXAMINER'S		CIATE MEDICAL E	XAMINER				
L	NAME (Type) Marvin S. Platt, M.D.					7-31	L-72	
24 DE	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY MOVAL (Specify)	ar CREMATO	PRY 24D.	LOCATION	(City, tow	n, or county)	(Stote)
1	Burial 8/3/72 Glen Browine Ho	aven Ma	n. Panto (Ilon B.	unnia A	nno An	indel	Marul
25	A. DATE REC'D BY HEALTH DEPT. 25B. MAME OF REGISTRAM	25C. I	UNERAL DIRECTO	70 0		ADDRESS	l 1	1 and
	AUG 2 1972 Francy horos	John John	ully Fune	ral Hon	sadena ne Moun	tain &	arylandick N	eck R
VS	151-REV. 1/1/68	3 0	0.5				11	
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BALTIMORE CITY HEALTH DEPARTMENT 1 72 07309 72 07309 BIRTH NO. I. NAME OF DECEASED AND HOUR OF DEATH (Type or Print) SHENK. JULY 29 1972 1:25 A N

4. USUAL RESIDENCE (Where deceosed lived. If institution; residence before admission) IVA BLANCHE 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY MARYLAND (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION C. CITY OR TOWN D. INSIDE CITY LIMITS? YES V NO AGNES HOSPITAL BALTIMORE E. STREET AND NUMBER WILKENS AVENUES 010 WILINGTON AVENUE 9. AGE (In years lost birthdoy) If Under 24 Hrs. B. DATE OF BIRTH If Under 1 Yr. Months: Doys 5. SEX MARRIED NEVER MARRIED Hours WIDOWED DIVORCED FEMALE CAUCASIAN WIDOWED DIVORCED 04/18/02 70

10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) HOUSEWIFE VIRGINIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CLARK BLOSSER 15. Was Deceased Ever in U. S. Armed Forces? ADDRESS 16. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 219-40-9992 RECORDS CATON & APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF hearl foilure, osthenio, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, to the obove couse (A) stoling the UNDERLYING CONDITION Iosi. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART) (A) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20 A. AUTOPSY? (Yes or No) 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exoct location) MEDICAL DEATH (notify medical examiner) etc.) (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? Not While OF INJURY While At (APPROX.) At Work 22. I certify that XIX(this haspital) attended the deceased from JULY 9 19 72 that () (we) last saw the deceased alive on JULY 29 19 72 and that in (my) (aur) aplnian death accurred an the date and haur and from the causes stated above. (1) (We) (did) XaXd not Kview the body after death. 23A. SIGNATURE 23B, DATE SIGNED Attending [Med. Director __ Phys. 23D. ADDRESS 23C. PHYSICIAN'S NAME (Type) AGNES 24A. BURIAL CREMATION, 24B. DATE 24D. LOCATION (City, town, or county) 8/1/1972 Burial Loudon Park Baltimore. Maryland 258. MAME OF REGISTRAR G. Truman Schwab 5151 Balto Nat'1 VS 150-REV. 1/1/68

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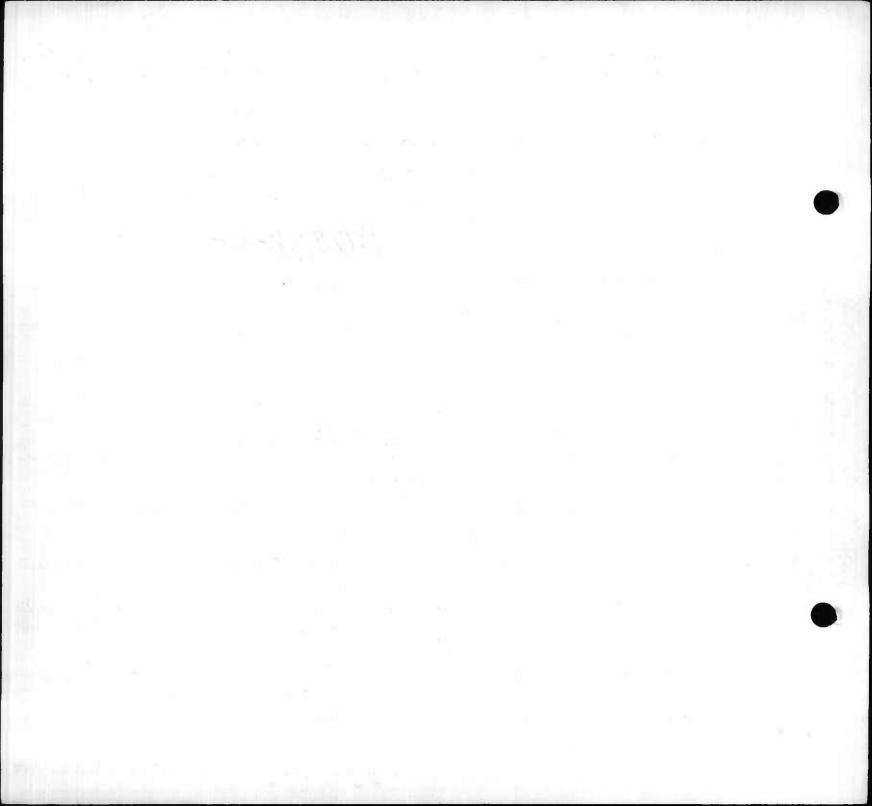
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	BALTIMORE CITY	HEALTH DEPARTMENT		72 07310
72 07310	CERTIFICA	TE OF DEATH	REG. NO.	15 01010
BIRTH NO.	STATE OF	TOTAL TENTO	NO HOUR OF DEATH	
Type or Print) WAYMAN, HARRIET		JULY	1 24, 1972	1 6:00 P. M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	ED DEAD	4. USUAL RESIDENCE (Whe	1TY	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	N, GIVE STREET	MARYLAND	S - 3 3 3 4 4 4 5 5 6 7 1	1228
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WILKENS & CATON AVE	NUES	E. STREET AND NUMBER		YES NO N
BALTIMORE, MARYLAND		3 ROBERTS A	VE NUE	
SEX 6. RACE 7. MARRIED XX	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs.
FEMALE WIX NEGRO WIDOWED	DIVORCED	03 15 16	56	
OA. USUAL OCCUPATION (Give kind of work 108, KIND OF 8U one during most of working life, even if retired)	SINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY
TEACHER		TENNESSEE		U. S. A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
WILL LINDSEY		Toanna	2	
5. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO.	Joanna 17. INFORMANT BALT	IMORE, MD.	21220 RESS
NO	SECORITI NO.	ST AGNES REC	ORD S-WILKE	INS & CATON AVES
18. / / / 7 . 7 . 1	CAUSE OF DEATH	4		APPROXIMATE INTERVAL
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LEADING TO DEATH	(ANIMMEDIATE CAL	SE Circhronas	ular accio	dent
(This daes not mean the made of dying, e.g.,	DUE TO, OR AS	SE Cirebronas a A CONSEQUENCE OF:	5. 1.1.	*
heart failure, asthenia, etc. It means the disease, injury ar camplication which coused death.)			- zmovu	3,40
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DISEASES OR CONDITIONS, if ony, giving	(B) OR AS	Linsive Card	wascule	
rise to the above cause (A) stating the			accesions	c
UNDERLYING CONDITION Iosi.	(c)			
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OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
OISEASE OR CONDITION GIVEN IN PART 1 (A).	CH OBERATION	20A. AUTOPSY? (Yes or No	all 208 IE VEC WERE EI	INDINGS CONSIDERED
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 1998. CONDITION FOR WHILE WAS PERFORMED	CH OFERATION	NO	IN CERTIFYING CAU	ISES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING [218. PLA	CE OF INJURY (e.g., i	n or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)
DEATH (natily medical examiner) etc.)	orm, foctory, street, ol	fice bldg., INJURY OCCUR?		
	IURY OCCURRED	21 F. HOW DID IN.	IURY OCCUR?	
OF INJURY (APPROX.) While A	Not While At Work	e [
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22. I certify that 💢 (this hospital) attended the c				
that (){ (we) last saw the deceased alive an	ILY 24,	1912and th	natin (m/y) (aur) apin	ian death accurred an the dat
and haur and fram the causes stated above. 💥) (Y	/e) (did) (x(i)x()x(o)x() v	iew the bady after death.		
23A. SIGNATURE	-			23B. DATE SIGNED
Newslin Hally's	DEGREE Phy	nding Med. Director	Shoff Phys.	07 24 72
23C. PHYSICIAN'S NAME (Type)		23 D. ADDRESS BALTI	MORE. MARY	(LAND 21229
NIRMALA MALLYA		ST AGNES HOSE	PITAL-WILKE	ENS & CATON AVE:
	of CEMETERY of CRI	MATORY 24D. L	OCATION (City	y, town, or county) (Stote)
	ing Grove		enton Ca	roline Md.
			CITCOIL OU	
	ing Grove	250 FUNERAL DIRECTO	11	ADDRESS
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Deceased Such death no hospital death. of attendance (2) Cause canse; ō 0 prior contributing occurred Undetermined made regular deceased isposition = OF Was the 4 assistant eath 00 0 kind; or final attendance 0 any pronounced o balmed fracture regular E who are 4 3 Ξ physician remains Was Body burns; cian the the O No physi before any nature; (2) where the body was released to the hospital obtained 9 approved (except and pe o

BALTIMORE CITY HEALTH DEPARTMENT 72 07311 REG. NO. BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? YES 🕢 NO E. STREET AND NUMBER 5. SEX . MARRIED 9. AGE (In years II Under 1 Yr. Months: Doys 11 Under 24 Hrs. Hours WIDOWED DIVORCED 10A. USUAL OCCUPATION (GIVE kind of work 10B. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) BASYS NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces 16. SOCIAL SECURITY NO. 17. INFORMAN ADDRESS (Yes, no or unknown) (If yes, give war or dotes of service) -50-6131= 18./ APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) OSCHEROSIS ANTECEDENT CAUSES DISEASES OR CONDITIONS, il any, giving CONSEQUENCE OF: rise to the above cause (A) stating the UNDERLYING CONDITION last. 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21& PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exact location) MEDICAL DEATH (notify medical examined 21 D. TIME OF INJURY (Hourl (Month! (Doy) (Year) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At (APPROX.) Work At Work 22. I certify that (1) this hospital) attended the deceased from that (1) (we) last saw the deceased alive on & and that in my (aur) apinion death securred on the date hospital death) and haus and from the causes stated above. (1) (We) (did) must (did not) view the bady after death. accident Attending [0 Med. approval Phys. Director L DEGREE 8 prior PHYSICIAN'S NAME (Type) 23D. ADDRESS 9 Ö NOF ICHAM was D.O.A. SON 24A. BURIAL CREMATION, shows: (1) pespese 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION REMOVAL (Specify) decease 8/2, bBrial New Catherdral Baltimore Md 25A. DATE REC'D BY HEALTH DEPT. 25B NAME OF REGISTRAR 25C. JUNERAL DIRECTOR H alstead 1206 AUG 2 VS 150-REV. 1/1/68



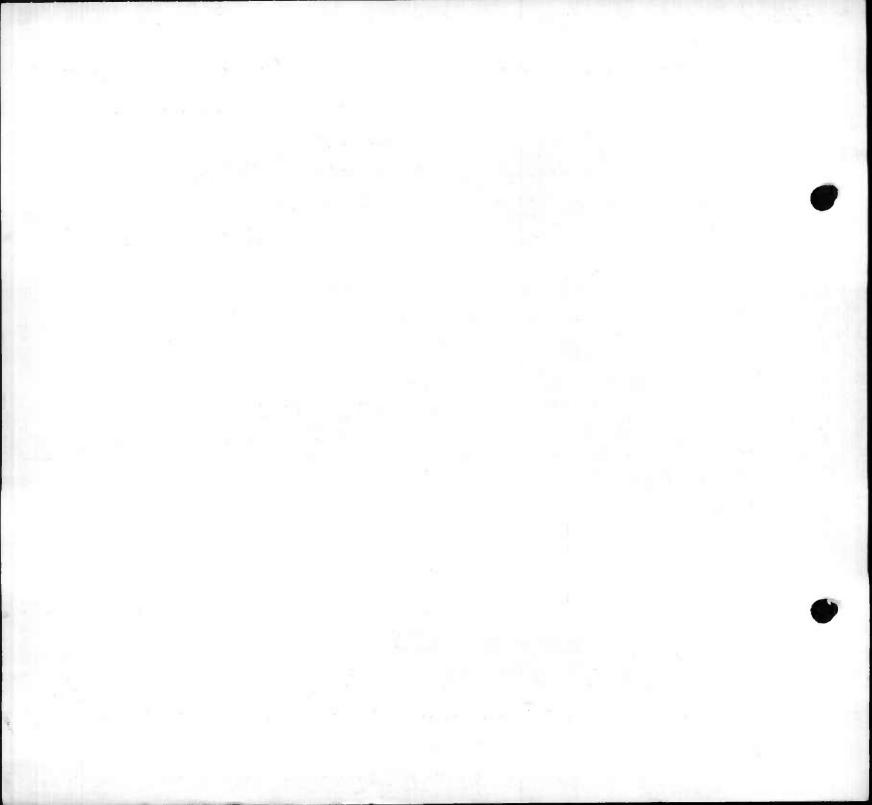
VS 150-REV. 1/1/68

	72 07312 BALTIMORE CITY HEA	TH DEPARTMENT REG. NO. 72 67312
1	BIRTH NO. CERTIFICATE	OF DEATH REG. NO. 72 67312
	I. NAME OF DECEASED STATE OF MARYI	AND-DHMH
1	(Type or Pfin) POISILL OF TO PE	2. DATE AND HOUR OF DEATH
	SPROIDE, SANDEON	1-28-12 0 PM.
1	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. U	ATE B COUNTY (Where deceased lived, Il institution: residence before admission)
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	Van 2 Day of Bases	REET AND NUMBER
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	5. SEX 6. RACE 7. MARPIED SEVER MARRIED 7 8. DA	TE OF BIRTH 9. AGE (in wors If Under 1 Ye If Under 24 Un
1	1 M DIAM / MARKED - 2	P. AGE (in yours last birthday) / Months; Doys Hours; Min.
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	10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BI	RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
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	12 CARTIFICA MANAGE	OTHER'S MAIDEN NAME
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	15. Was Deceased Ever in U. S. Armed Forces? [Yes, no or unknown] (If yes, give war or dolos of service) 16. SOCIAL SECURITY NO.	ORMANT ADDRESS
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Ш	18. CAUSE OF DEATH	CARK I
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	heart failure, asthenia, etc. It means the disease, injury at camplication which caused death.)	108CLEROSIS
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	(8)	1969
	DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the	- a l. a a Mardy
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	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	AEMIPLEGIA
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	DEATH instity medical examined letc.	INJURY OCCUR?
	S or mount	21F. HOW DID INJURY OCCUR?
	Mile At Not While Not While Not While	
	22. I certify that (1) this haspital) attended the deceased from	MAY 19 69 to 28 JULY 19 72
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9 I and that in (my) (our) opinion death a curred on the date
	and hour and from the causes stated above. (1) (We) (did) (did not) view th	and that the the court opinion death decurred on the date
	23A. SIONATURE	
	Reland Island Altending To	Med. Shoff 7
	DEGREE Phys.	Director Phys.
Ш	NAME (Type)	DRESS 936 W. NORTH FADERUC
	DR. Richard F. Tuson, M. D. mars Ba	Itimare, MARVIANI 21217
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATOR	24D. LOCATION (City, town, or county) (State)
	2 0/2/20	
	25A DATE SECIO SY HEALTH STORY	
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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

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	TH NO.		72 07	313 CERTIFIC	CATE O	F DEATH			0.072
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3.	PLACE IN BAL	TIMORE, MAR	YLAND, WHERE PRO	NOUNCED DEAD	A. USU/ A. STAT	E & COU	ere deceased lived. If NTY	institution: (residence before admission!
FU HC	LL NAME OF	(IF NOT ADDRESS	IN HOSPITAL OR IN S OR LOCATION!	STITUTION, GIVE STREET	11	Marylan OR TOWN		ISIDE CITY L	LIMITS?
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13.	FATHER'S NA			1, 111	14. MO1	HER'S MAIDEN NA	ME		
		un	K.			yn	18		
15.	Wee Deceased	Ever in U. S.	Armed Forces?	1 & SOCIAL	17. INFO		,,,,		ADDRESS
(Ye	s, no or unknown	(If yes, give	war or dates of servi						
	18. // [-7 \ 1		CAUSE OF D	EATH				APPROXIMATE INTERVAL
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CERTIFICATION	TO THE DEAT	H BUT NOTRE	TIONS CONTRIBUTIONS LATED TO THE TERMIN	NG IAL				******	
FIC	19A. DATE OF	OPERATION	19E CONDITION F	OR WHICH OPERATION	20A.	AUTOPSY? (Yes or N	IN CERTIFYING	E FINDINGS	CONSIDERED
ERTI	0		WAS PERFORMED				III GERIII IIII G	AUJES OF	DEATH!
-	OR CONTRIB	NT WAS UND JTING CAU medical exam	SE OF	21B PLACE OF INJURY is home, form, factory, stree etc.)	e.g., in or about et, office bldg.,	11C. WHERE DID	(If In Boltin	nore City, gi	ve exact location)
MEDICAL	21D. TIME	(Donth)	y) (Year) Hour	21 E INJURY OCCURRED		21F. HOW DID IN	JURY OCCUR?		
W	OF INJURY			While At Not	While				
				WORK LI AT V	7/28/7		20	28/72	
				ed the deceased from					19
	that (1) (we)	last sow the	deceased alive	on 7/28/72	19	and t	hat in (my) (our) o	plnion dec	ath occurred on the date
	and hour on	d from the co	uses stoted abav	e. (i) (We) (did) (did no	ot) view the	bady ofter death.			
	23A. SIGNATI	JRE		V_				238, DA	TE SIGNED
			0	2000	Attending Phys.	Med. Director	Stoff Phys.	7/	/31/72
	23C. PHYSICIAN'S NAME (Type)								
	NAME	0.1	orge Tan, I	I.D.	430	6 Belle Gr	ove Road		
24	A. BURIAL CRE		40/	C.NAME OF CEMETERY OF	GREE			City, town,	or county! (State)
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25	BURIAL 8-1-12 HOLY CROSS RITCLIE HWY BALTO, MD.								
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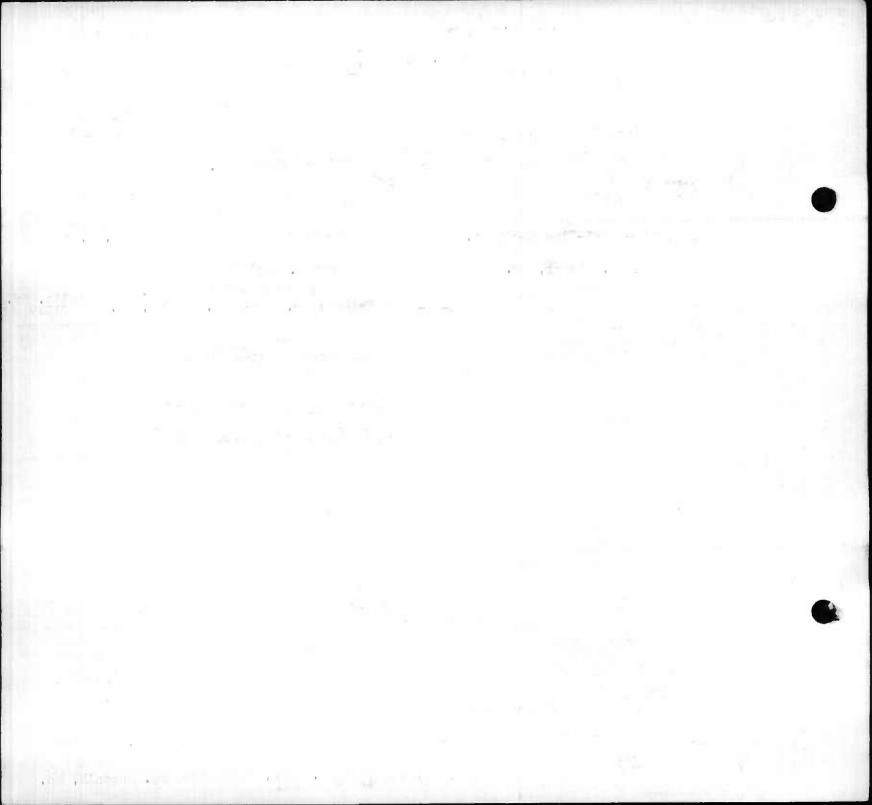
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approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased of except where the physician who pronounced death was in regular attendance on the obtained before the remains are embalmed or final disposition is made.
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and he body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the leceased prior to death. Such vritten approval must be obtained before the remains are embalmed or final disposition is made.
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e	IRTH NO. ODE	1,140	CERTIFICA	TE OF DEATH	REG. NO	72 0	7314
	NAME OF DECEASED	, 4001	STATE OF	MARYITANIDE DELLE	AND HOUR OF DEAT	Н	
11.	O'Dell	Louis	D.		N JULY - 30 -	1972 1	9-13 AM
	PLACE IN BALTIMORE MARYLA	ND, WHERE PRONC	UNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If	institution: residen	ice before admission)
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ll'	ASHIDBON			C, CITY OR TOWN		SIDE CITY LIMITS	? _/
	WINERSIT	Y - HOSPITA	L - MARYLAND	RANDALL.		YES	NO 🗹
		BALT	IMORC.		rch Lane	21133	
5.	SEX 6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	19. AGE (In years		If Under 24 Hrs.
	M Car	TTTDOTTED			8 lost birthdoys	Months Doys	Hours Min.
10	A. USUAL OCCUPATION (Give kind one during most of working life, even it re	of work 108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or	foreign country!	12. CITIZEN C	F WHAT COUNTRY?
	Carpenter			Maryland v	S.A.	U.S.	Δ
1:	FATHER'S NAME			14. MOTHER'S MAIDEN I		0.0.	11.0
	Arthur E	dward (Dell	Mary	Julia (Su	itch)	
15	Wos Deceased Ever in U. S. Armes, no or unknown) (If yes, give wore	ed Forces?	1 6. SOCIAL	17. INFORMANT			PRESS
11	No None	If doles of Service)	212-03-5801	Mrs. Ether 0 8611 Church	Dell		
1	18. // /// // 1		CAUSE OF DEATH		Lane Kanda	llstown, l	
Ш	DISEASE OR CONDITIO	N DIRECTLY	CAUSE OF DEATH				ROXIMATE INTERVAL EN ONSET AND DEATH
	LEADING TO DE	ATH	ANNALEDIATE CALL	CARDIAC	- ASYSTOLE	Ì	
	(This does not meen the mod heart failure, asthenia, etc. ft n	le of dying, e.g.,	(A) IMMEDIATE CAU DUE TO, OR AS A	CONSEQUENCE OF:	HSYSTULE	***************************************	
	injury ar complication which co	used death.)					
	ANTECEDENT CA		(8)	AURICULAR A CONSEQUENCE OF:	FIRRILLATION	N .	VEARS
	DISEASES OR CONDITIONS, rise to the above cause	il any, giving	DUE TO, OR AS	A CONSEQUENCE OF:			
	UNDERLYING CONDITION ias	tA) siding the	(c) SYSTEM?	C EMBOLISM			
Ι,	11						
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED	TO THE TERMINAL	CE	REBRO YASCUL	AR DISEASE	:	
2	DISEASE OR CONDITION GIVEN IN		WHICH OPERATION	120A. ALLXODEY2 (Voc. or	No) 208, IF YES, WERE		
PTE	/ JULY-30-1972 WAS	PERFORMED FE	MORAL EMBOLISH	1/0	IN CERTIFYING C.	AUSES OF DEATH	SIDERED 1?
II -	21A. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE OF	NG 218	PLACE OF INJURY (e.g., in	gr obout 21C, WHERE DID	III In Boltime	ore City, give exoci	Incation)
ZAL C	DEATH (natify medical examined)	etc.	ie, tarm, toclary, street, att	ce pldg. INJURY OCCUR		one only	i i o co ii o ii ,
EDI	21D-TIME (Manth) (Doyl (Yeor) (Hour) 21E	INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?		
8	(APPROXI	Whi	ile At Not While				
	22. I certify that (!) (this has			Tiley 00	20.4		,
	that (!) (we) lost sow the dec			JULY - 29	19 7to		
	and hour and from the couses			ond	that in(my) (our) op	Infon deoth occ	urred on the date
	23A. SIGNATURE	-10100 000466 (1	/ (me) (ata) (ata nat) VI	ew the body after deatl	16	23 & DATE SIGN	NED.
	G.	Long on	Mohan Koda Atten	ding Med.	Staff Phys.		30-1972
	23C. PHYSICIAN'S	7	DEGREE Phys.	Director L		1 (/)	
	NAME (Typel	DR. H	TTAR.		ERSITY th	SPITAL	
24	A- BURIAL CREMATION, 24B, DAT	E 24C.N/	ME of CEMETERY OF CREA			lite fame to the	1.1
	BURIAL 8/1,	/1972 W	ards Chapel Ce		Randallstown	Balto.	
25.	A. DATE REC'D BY HEALTH DEPT.		F REGISTRAR				
	AUG 2 197		ey horoston	25C. FUNERAL DIRECTO	Funeral Dire	ectors P	A.
VS	150-REV- 1/1/68			10 - 00 - 1 or			. == •

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72 07315 BALTIMORE CITY	HEALTH DEPARTMENT					
BIRTH NO. CERTIFICA	TE OF DEATH REG. NO. 72 07315					
1. NAME OF DECEASED (Type or Print) Stefar Paul T. Stefar						
3- PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where eccased lived. If institution: residence before admission)					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION	Maryland Baltimore c.CITY OR TOWN D. INSIDE CITY LIMITS?					
University of Maryland Hospital	Edgemere YES NO M					
University of HARYland Hospital.	E. STREET AND NUMBER 3002 Salisbury Qve.					
Male Mite WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (in years lost birthday) 9. AGE (in years Months Days Hours Min.					
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY dane during most of working life, even if retired)	11. SIRTHPLACE (Stale or loreign country) 12. CITIZEN OF WHAT COUNTRY?					
Dependent - Part-Time Hecht Co.	Maryland U. S. A					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
George J. Stefan, Sr.	Anna H. Musinsky					
15. Was Deceased Ever in U. S. Armed Forces? (Yes, na or unknown) (If yes, give war or dotes of service) No 220-66-0882	Father: Mr. George J. Stefan, Sr. 21219					
18. 44/ CI CAUSE OF DEATH						
DISÉASÉ OR CONDITION DIRECTLY LEADING TO DEATH	Discerting Artie Ansuryage.					
(This does not meen the mode of dying, e.g., (A) IMMEDIATE CAU	CONSEQUENCE OF:					
heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.)	A.					
ANTECEDENT CAUSES	edie aneuryan.					
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS	A CONSEQUENCE OF:					
nise to the above couse (A) stating the UNDERLYING CONDITION lost.	italion of Descend Aorla					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
I ✓ IDISEASE OR CONDITION GIVEN IN PART 1 (A)	20A. AUTOPSY? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED					
19A-DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION WAS PERFORMED	Yes Or No. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, factory, street offi DEATH (notify medical examined)	or about 21 C. WHERE DID (If In Baltimore City, give exact location) injury occur?					
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
(APPROX.) While At Not While At Wark						
22. I certify that (1) (this hospital) attended the deceased from 7/28						
that (1) (we) last saw the deceased alive an 7/29/72	19and that in(my) (aur) arinian deoth occurred on the date					
and hour and from the couses stated abave. (1) (We) (did) (did not) view the bady after death.						
23A, SIGNATURE 23B, DATE SIGNED						
BU DUGGET Attending Med. Director Phys. 7/29/72						
NAME (IVDE)	3D. ADDRESS					
24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CREME REMOVAL (Specify) 8/1/72 Second Heart of						
O/I//E Sacred Heart of	Jesus Baltimore, Maryland					
25A. DATE REC'D BY HEALTH DEPT. 25B. WAME OF REGISTRAR AUG 2 1972	John J. Duda, 7922 Wise Ave. Dundalk, Md.					
VS 150-REV. 1/1/68						



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Undetermined cause; (5)

hospital

Such LO death. ance attend prior regular mad deceased disposition SID eath LO final attendance 0 pronounce med embal 0 nb ho 9 are remains physicia Was physician the before å 3 obtained 9 (except pup 7 hospital eat must ō 0 approval 0 prior 40 d eceased o Ö SD

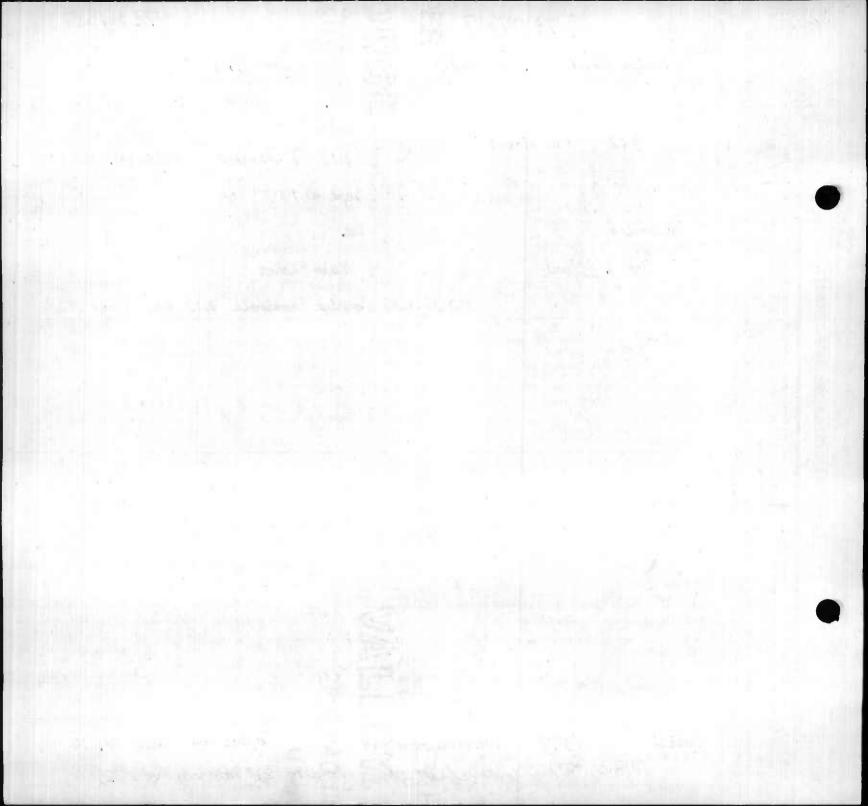
BALTIMORE CITY HEALTH DEPARTMENT 72 07316 72 07316 BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) July 30, 1972 GLEN H. TRESLAR 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE Maryland FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? YES T NO Baltimore 107 Castlewood Road E. STREET AND NUMBER 107 Castlewood Road 5. SEX 6. RACE B. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. If Under 1 Yr. Months! Days 7. MARRIED NEVER MARRIED Hours lost birthday) Male White DIVORCED June 30 1898 WIDOWED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Electric Tool Mfgr. Pennsylvania Vice President 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Ada John Treslar 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 7. INFORMANT ADDRESS 6. SOCIAL SECURITY NO. No 01 9566 Glen H. Treslar. same CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DUE TO, OR AS A DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION IOSI, 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) WAS PERFORMED EXPLOEPMEN OF FEDINEY OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If In Baltimore City, give exact location) MEDICAL DEATH (notify medical examiner) etc.) 21 D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At [Not While t (APPROX.) At Work Work 22. I certify that (1) (this hospital) attended the deceased from 19 62 JULY that (1) (we) last saw the deceased alive on... and that in (my) (pur) opinion death occurred on the date and hour and from the causes stated above. (1) (#0) (did) (did not) view the bady after death. 23B. DATE SIGNED 23A. SIGNATURE Attending Med. Staff Director L Phy s. Phys. 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) Dr. John M, Scott 600 W. Northern Parkway 24A. BURIAL CREMATION, 248. DATE 24D. LOCATION 24C. NAME of CEMETERY OF CREMATORY (City, town, or county) (Stote) REMOVAL (Specify) 2 August 72 Tioca Point Cemetery Athens, Pennsylvania Burial 25A. DATE REC'D BY HEALTH DEPT. 25B MIAME OF REGISTRAR 2SC. FUNERAL DIRECTOR ADDRESS UG 2 Maryland VS 150-REV, 1/1/68

THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. begit to remain and Will The live department with lost correct to the lives been sent E TOTAL TO SEE SEE SEE SEE SEE CHARLES THE RESERVE TO SERVE THE

This certificate must be approved by the chief medical examiner or his assistant if death accurred in a hospital and the body was released to the haspital by a medical examiner. Also, if the direct or contributing cause of death shaws: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician wha pronounced death was in regular attendance an the deceased prior to death); and (6) Na physician was in regular attendance on the deceased priar to death. Such written appraval must be abtained befare the remains are embalmed ar final dispositian is made.

	7	2 0731	CEPTIFICA	TE OF DEAT	REG. NO	, 72 07317	
BIRTH NO. T. NAME OF DECEASED T. NAME OF DECEASED T. DATE, AND HOUR OF DEATH							
(Type or Prin	Louise Down	E. Tread	well		uly 31, 1972	1/30 A. M.	
3. PLACE II	N BALTIMORE, MARYLAND,		ON, GIVE STREET		Where deceosed lived county Balto	I. If institution: residence before admission)	
HOSPITAL	OR ADDRESS OR LOC	CATION)		C. CITY OR TOWN	D.	INSIDE CITY LIMITS?	
00	3612 6th	Street		E. STREET AND NUM 3612 6t	r Street	Balto Md. 21225	
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.	
-	W	WIDOWED		Sept 30 190	0/ 64		
done during	OCCUPATION (Give kind of wo most of working life, even if retired DUSCULFE		BUSINESS OR INDUSTRY	Md.	or foreign country)	12, CITIZEN OF WHAT COUNTRY?	
13. FATHER				14. MOTHER'S MAIDE	NNAME		
	Ina M. Efford			Rose Fish	hen		
15. Was De	ceased Ever in U. S. Armed F nknown) (If yes, give war or do	otes of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	1 11 2/12	ADDRESS	
		2	CAUSE OF DEAT	0	adwell 3612	6th Street 21225	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., healt foilure, osthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stofing the UNDERLYING CONDITION lost. (A) IMMEDIATE CAUSE Method factor counces (A) IMMEDIATE CAUSE Method factor counces (A) IMMEDIATE CAUSE (B) DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF: (C)							
¥ TO THE	II SIGNIFICANT CONDITIONS C E DEATH BUT NOT RELATED TO E OR CONDITION GIVEN IN P.	THE TERMINAL	Confe	the hear	reliefus	R	
	TE OF OPERATION 198. CO		HICH OPERATION	20 A. AUTOPSY? (Yes		VERE FINDINGS CONSIDERED G CAUSES OF DEATH?	
OR CO	CCIDENT WAS UNDERLYING NTRIBUTING CAUSE OF (notify medical examiner)	218. Phome etc.)	LACE OF INJURY (e.g., i form, foctory, street, of	ffice bldg., INJURY OCC	DID (If In Bo	Oltimore City, give exoct location)	
21 D. TIP OF INJ	URY	(Hour) 21E, I While Work	NJURY OCCURRED Not While At Work	le 🗖	ID INJURY OCCUR?		
22. I certify that (I) (this haspital) attended the deceased from The 29 1971 to July 2/1 1972, that (I) (we) last saw the deceased alive an July 3/1972 and that in (my) (our apinion death accurred an the date							
and have and from the causes stated above. (1) (We) (did) (did wot) view the body after death.							
23A. SIGNATURE							
0	moe Nouleaus (178 K) OEGREE Phys. Med. Staff Director Phys. Director Phys. Director 1914						
23C.PH	23C. PHYSICIAMS NAME (Type) 936 Patapsco Ave.						
	L CREMATION, PARTE	24C. NA	ME of CEMETERY OF CR	EMATORY	24D. LOCATION	(City, town, or county) (State)	
Buri	(Specily) 8/3/7	2 Pan	kwod emete	ny	Taylor Ave	Balto Md. 14	
25A. DATE	25A. DATE REC'D SY HEATH DEPT. 25B. WAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS AUG 2 1972 25B. WAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS ADDRESS ACTULY 237 Petapsco Ave 21225						



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

BALTIMORE CITY HEALTH DEPARTMENT						
C-65/ 72 07318 CERTIFICATE OF DEATH REG. NO. 72 07318						
BIRTH NO.						
(Type or Print) CRAMBLITT RUTH N	AOMI	~JULY 2 9,19	72 10:50A.			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCES FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION		4. USUAL RESIDENCE (Where deceosed lived. If i A. STATE B. COUNTY MARYLAND BALTIMO	The state of the s			
HOSPITAL OR ADDRESS OR LOCATION)	, GIVE SIREE!	C. CITY OR TOWN D. INS	SIDE CITY LIMITS?			
LA OF ACUES HOSBITAL		BALTIMORE	YES NO KX			
TO ST. AGNES HOSPITAL		97 OAKLEE VILLAGE	21229			
FEMALE CAUCASIAN 7. MARRIED NE	DIVORCED [B. DATE OF BIRTH 09/27/98 9. AGE (In years lost birthdoy) 73	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
IDA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSH done during most of working life, even if refired) House Wife	NESS OR INDUSTRY	MARYLAND	U.S.A.			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
WILLIAM KRAFT		MARY (SCHMELZ)				
(Yes, no or unknown) (If yes, give wor or dotes of service)	OCIAL ECURITY NO.	17. INFORMANTINES HOSPITAL WILKENS & CATON AVES.	ADDRESS			
1B, /// 0	CAUSE OF DEAT	H	APPROXIMATE INTERVAL			
DISEASE OR CONDITION DIRECTLY	TNTRACT	TABLE LEST Ventricular	S BETWEEN ONSET AND DEATH			
LEADING TO DEATH	(A) IMMEDIATE CAL	Jose Jailu	RE			
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS	A CONSEQUENCE OF:				
injury or complication which coused death.) ANTECEDENT CAUSES	ASC	VS				
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:				
rise to the above couse (A) stating the UNDERLYING CONDITION last.						
II	(C)					
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Supe	eimposed pneumo	mia			
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED	OPERATION	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 218. PLAC	E OF INJURY (e.g., i n, foctory, street, o	n or obout 21C. WHERE DID (If In Boltimo ffice bldg., INJURY OCCUR?	ore City, give exoct location)			
	RY OCCURRED Not While At Work					
22. 1 certify that (1) (HV A Nos Air V) attended the deceased from JULY 22, 1972 to JULY 29 19 72,						
that (1) (We) last saw the deceased alive an JULY 29 19.72 and that in (my) XOV(X apinian death accurred an the date						
and haur and from the causes stated abave. (1) ** (did) *						
The state of the s	ending Med. Staff Phys.	23R DATE SIGNED				
23C PHYSICIAN'S	07 29 72					
23C. PHYSICIAN'S NAME (Type)	L- MD	23D. ADDRESS	halte sisse			
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of	OEGREE	EMATORY 24D. LOCATION (C	City, town, or county) (State)			
	udon Par	k Cem. Balto. Md.				
	GISTRAR	25C. FUNERAL DIRECTOR	ADDRESS Pike			
G. Truman Schwab 5151Balto. National						
VS 150-REV. 1/1/6B						

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TOTAL STREET BOATON FORES

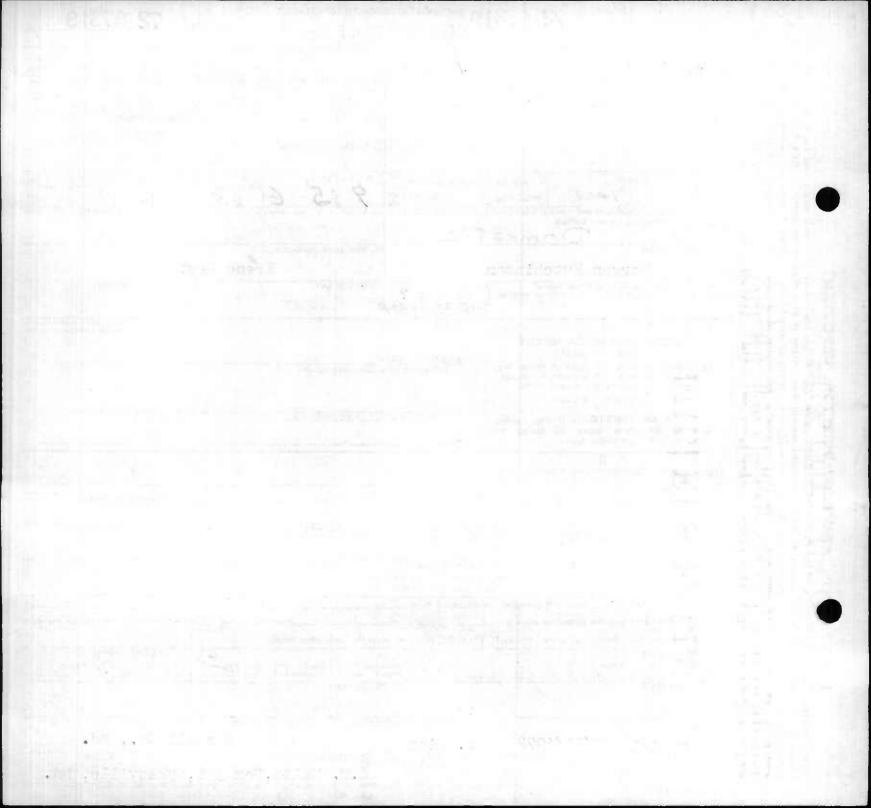
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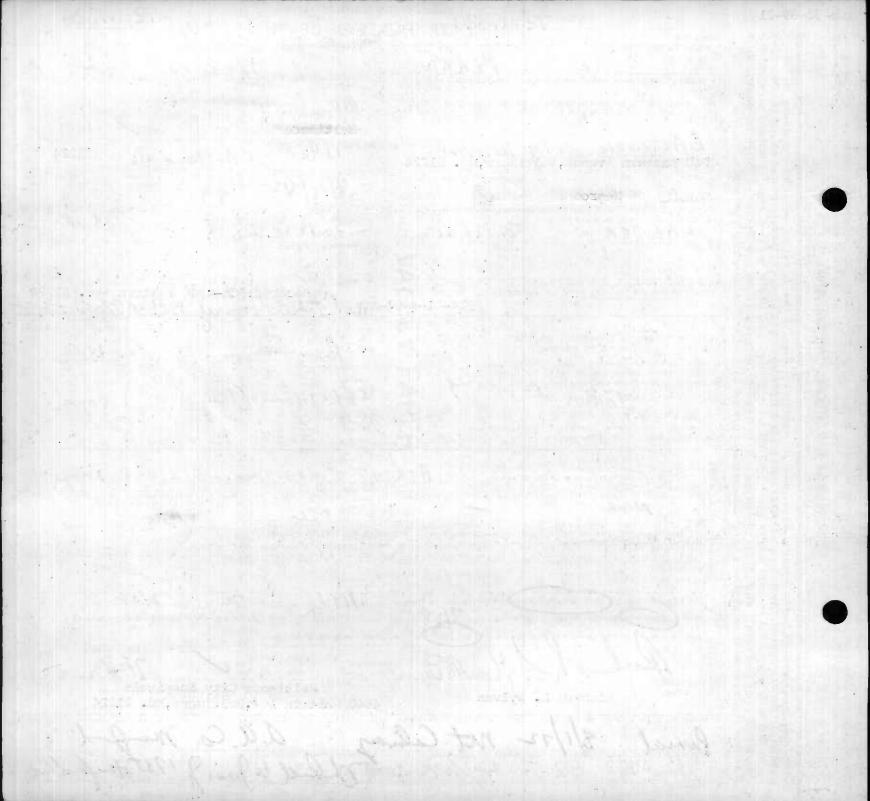
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

72 07319 BALTIMORE CITY	HEALTH DEPARTMENT REG. NO. 72 07319						
CRITER ALE DE DEATH							
BIRTH NO. 1. NAME OF DECEASED STATE OF	MADYLAND PRICE AND HOUR OF DEATH						
M. VIOLA · HUTCHANSON							
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)						
MARYLAND GENERAL HOSPITAL							
FULL NAME OF (IF NOT IN HOSMITAL OR INSTITUTION, CIVE STREET HOSMITAL OR ADDRESS OR LOCATION)	C. CITY ORTOWN D. INSIDE CITY UNITS?						
INSTITUTION	RALTIMORE YES NO [
140	E. STREET AND NUMBER						
78	913 DUNCAN ST.						
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years If Under 1 Yr. If Under 24 Hrs. Months; Days Hours; Min.						
F BLACK WIDOWED DIVORCED T	9-13-06 last birthday! Months Days Hours Min.						
IGA USUAL OCCUPATION (GIVE kind of work 108 KIND OF BUSINESS OR INDUSTRY							
done during most of working life, even if refired)	MARULAND USA.						
NONE DOMESTIC	14. MOTHER'S MAIDEN NAME						
	Irene West						
Morgan Hutchinson							
15. Was Decessed Ever in U. S. Armed Forces? [Yes, no or unknown] [If yes, give war or dates of service] 16. SOCIAL SECURITY NO. ?	17. INFORMANT ADDRESS						
NO 218-32-6932A	CHART						
18. L/// CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
DISEASE OR CONDITION DIRECTLY	h						
LEADING TO DEATH	SE /// v.						
heart failure, asthenia, etc. it means the disease,	CONSEQUENCE OF:						
injury or complication which caused death.)	CIA						
ANTECEDENT CAUSES (8)							
DISEASES OR CONDITIONS, If any, giving DUE TO, OR AS	A CONSEQUENCE OF:						
ise to the above cause (A) stating the UNDERLYING CONDITION last. (C)							
11							
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A]. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1218, PLACE OF INJURY (e.g., in	20A-AUTOFSTE (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFTING CAUSES OF DEATH?						
	10.						
OR CONTRIBUTING CALISE OF home, form, factory, street, off	ice bidg. INJURY OCCUR? (If in Boltimore City, give exact location)						
DEATH (notify medical examined) 21D-TIME (Month) (Dey) (Year) (Hour) 21E INJURY OCCURRED While At Not While							
OF INJURY (Month) (Dey) (Year) (Hour) 21E INJURY OCCURRED	216 HOW DID INJURY OCCUR?						
(APPROX.) While At Not While At Wark							
22. I certify that (1) (this hospital) attended the deceased from TUIY 24, 1972 ta TUIY 21, 1972							
that (1) (we) last saw the deceased alive on TU/4 27 19 72 and that in (mo) (our coinion decth occurred on the date							
ond hour and from the causes stated above. (1) (We) (did not) view the body after death.							
23A. SIGNATURE 23B. DATE SIGNED 7/27/77							
1 1 W Con W. Wells Degree Phys. Director Phys. 1							
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS							
NEWTON W. ROGERS DEGREE	MARYLAND GENERAL HOSP.						
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CRE	MATORY / 24D. LOCATION (City, town, at county) (State)						
Burial 7/31/1972 Mt. Zion	Carroll Co., Md.						
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTIAR 1	C. FUNERAL DIRECTOR ADDRESS						
AUG 2 1972 Trany Mary	C.M. Waltz, Box 326, Sykesville, Md.						
VS 150-REV. 1/1/68	3 3 1 4						





			07321	BALTIMORE CITY HEA			DEAT	H are No. 7	7 2 0	7321
BIRT	H NO.			STATE OF MA	RYLAND-	DHMH		REG. NO.		
1. NAME OF DECEASED (Type or Print) ELSIE CLARK					2. DATE OF DEATH	Known Estimoted	Month	29,1972	Yeor	Hour M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION University Hospital					3. DATE Month Doy Year Hour					10:30a M. efore odmission)
6. S	EX	7. RACE	8. MARRIED	☐ NEVER MARRIED ☐	C. CITY OR	TOWN		D. INSIDE CITY	LIMITS?	
í	emale	white	WIDOWED		Lanhan	1		YES		NO 🗆
	ATE OF BIRTH		GE (In years If I	Under 1 Yr. If Under 24 Hrs. nths: Doys Hours Min.	E. STREET A	ND NUMBER	Hospi			
I	con Gate	tate or foreign cour	a	CITIZEN OF WHAT COUNTRY?	James	Howard Ta	ite			
		orking life, even if re		F BUSINESS OR INDUSTRY	-	Gray Gard				
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) No 231-70-5678				James F. Clarke 7209 Sunrise Dr. Lanham, Md.						
NO	(This does not heart foilure, injury or com	E OR CONDITION EADING TO DEA of meon the mode osthenio, etc. It me uplication which caus MTECEDENT CAUS PR CONDITIONS ABOVE CAUSE (MIG CONDITION L	TH of dying, e.g., ons the disease, seed death.) ES IF ANY, GIVING a) STATING THE	CAUSE OF DEATH Pneumonia (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF: (C)					APP	ROXIMATE INTÉRVAL
TIFICATI	OTHER SIGN TO THE DEA DISEASE OR	II IFICANT CONDITION TH BUT NOT RELATE CONDITION GIVES	ONS CONTRIBUTING TED TO THE TERMINA N IN PART 1 (A).	(C)	AS DEDECTOR	ED			21 AUTO	PSY? (Yes or No)
- ·	DAIL OF	OI ENAMOIT ZOD	COMPHION FO	K WILL CH OLEKWIOLA ANY	13 PERFORM	LU			ZII AUIUI	311 (10001110)

CERTIFICATION OTHER SIG TO THE DE DISEASE O

EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB.

NAME (Type)

22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exoct locotion) home, form, foctory, street, office bldg., etc.) INJURY OCCUR?

UTING CAUSE OF DEATH. (Year) (Hour) 22E. INJURY OCCURRED 22D. TIME (Month) (Doy)
OF INJURY 22F. HOW DID INJURY OCCUR? WHILE AT WORK NOT WHILE (APPROX.) 23.

I certify that I held an Inquiry Inspection X Autopsy and that an this basis, death in my opinion resulted from: Natural causes X Suicide ___ Hamicide ___ Accident Undetermined monner

CHIEF MEDICAL EXAMINER **ACTUAL** ASSISTANT MEDICAL EXAMINER

SIGN ATURE **EXAMINER'S** Russell S. Fisher, M.D.

25B. NAME OF REGISTRAR

ASSOCIATE MEDICAL EXAMINER

7-30-72

(Stote)

DATE SIGNED

24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY REMOVAL (Specify) 8-02-72 B urial

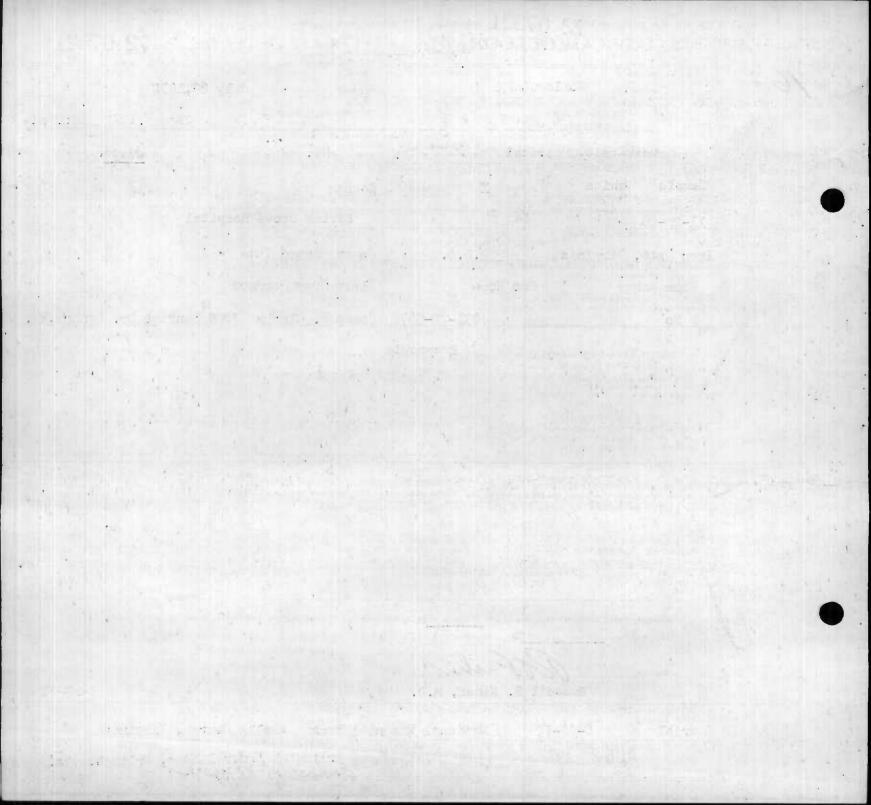
National Memorial Park

Falls Church, Virginia

24D. LOCATION (City, town, or county)

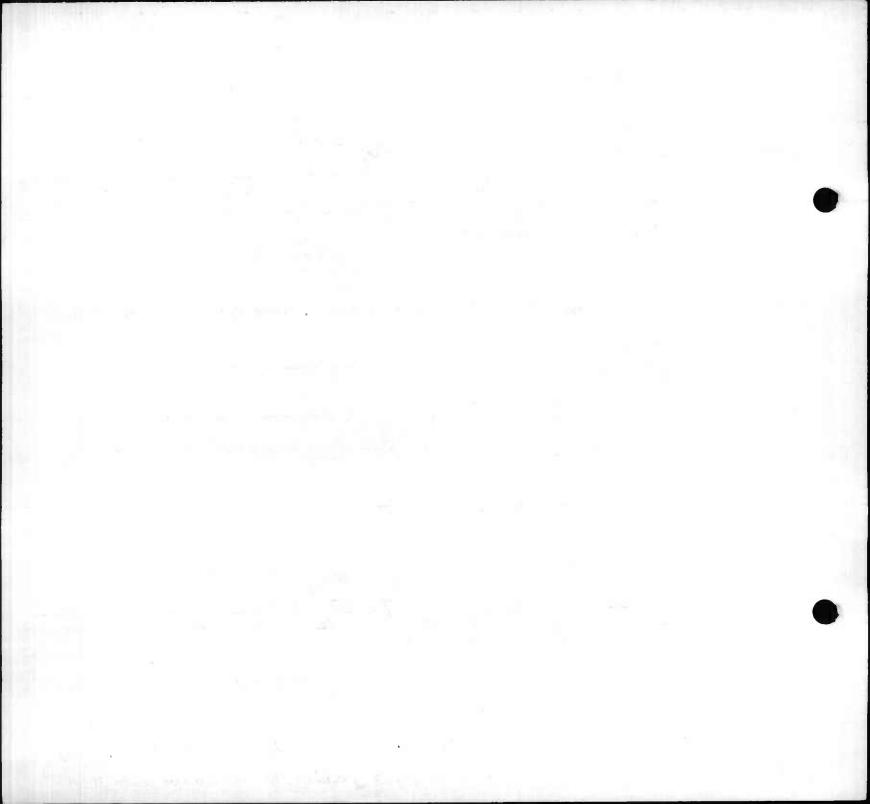
ADDRESS 25C. FUNERAL DIRECTOR

Arlington Funeral Home, Arlington, Va. VS 151-REV. 1/1/68

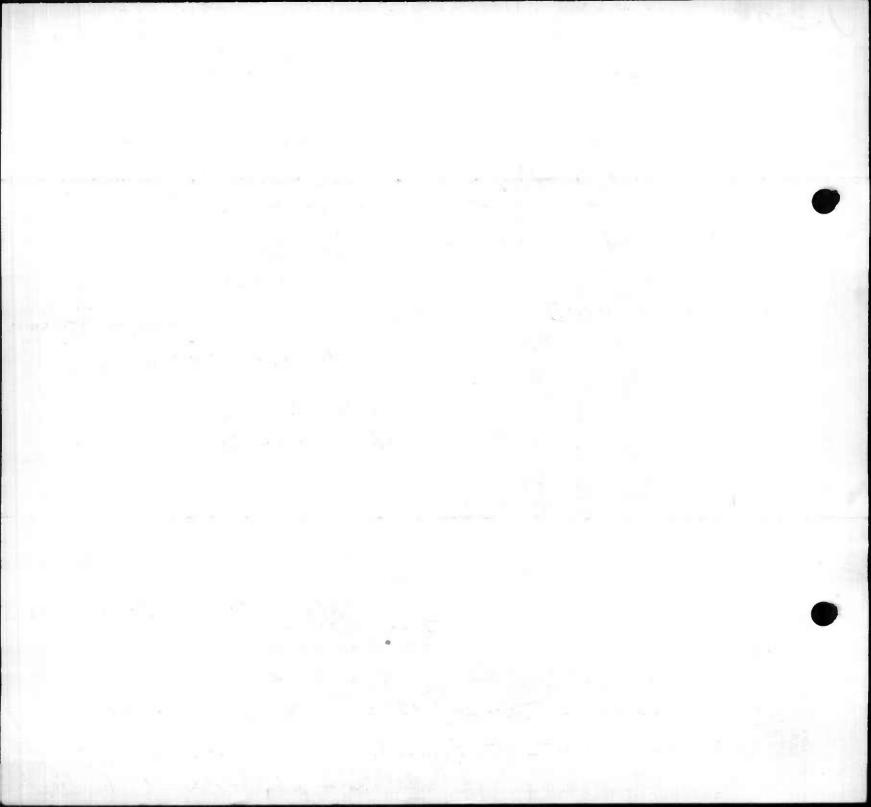


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

		1010	N P. P. P. O. O.	BALTIMORE CITY	HEALTH DEPARTMEN	ĮT.	72 07322			
III I I I I I I I I I I I I I I I I I	RTH NO.		0/324	CERTIFICA	TE OF DEAT	H REG. NO				
	Pe or Print)	SED C	JAME	CA	2. DAT	E AND HOUR OF DEAT	Н			
3.	PLACE IN BALTIA	MORE MARYLAND, W	4	CED DEAD		7/30 72 (Where decrosed lived, ii	1.36 A "			
-11					I A STATE	COUNTY	Institution; residence before odmission!			
H	JLL NAME OF OSPITAL OR ISTITUTION	ADDRESS OR LOCA	ATION)	ON, GIVE STREET	C. CITY OR YOWN D. INSIDE CITY LIMITS?					
	ROUTH	BALTIMORI	S GENE	RAL HOSPIA	D a					
5	SEX I6.				14902 Pennington Ave					
3	M .	RACE		NEVER MARRIED	8. DATE OF BIRTH	2 AGE (In years lost birthday)	Il Under 1 Yr. il Under 24 Hrs. Manths: Doys Haurs Min.			
10/	LUSUAL OCCUP	ATION (Give kind of work	WIDOWED 10B KIND OF BU	DIVORCED	11. BIRTHPLACE (Stale of	//				
	Retire	what me' exem it tellted?	Courthou		Mary and	II .	12. CITIZEN OF WHAT COUNTRY? US A			
13.	FATHER'S NAME	- A. Moon			14. MOTHER'S MAIDEN	4				
16					hermorg	Hancock.				
(Ye	s, no or unknown) (If	er in U. S. Armed Fore yes, give war or dote:	s of sorvice)	SOCIAL SECURITY NO.	17. INFORMANT	. (0)	ADDRESS			
L		no	27	5 10 5073	Myrtle ". Mo	ore 4902 Penn	ingtoh Ave 21226			
	18. 4/0.	OR CONDITION DIR	P. C. W. W.	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	LE.	ADING TO DEATH			0. 1:	in Anale				
	(A) IMMEDIATE CAUSE (COCKOCKANC) SOCK. (A) IMMEDIATE CAUSE (COCKOCKANC) SOCK. DUE TO, OR AS A CONSEQUENCE OF:									
	injury or complie	calion which caused	death.)	1 1 5	V					
	1	TECEDENT CAUSES		(B) brobabl	y myocaron	al interested	2			
	rise to the	CONDITIONS, if a	ny, giving	DUE TO, OR AS	A CONSEQUENCE OF:	, ,				
	underlying condition last. (c) Artendictualic conditions as display									
z	OTHER SIGNISION	11								
ATIO	ITO THE DEATH B	NT CONDITIONS CON	FTERMINAL							
FIC.	19A. DATE OF OF	ERATION 198 CONE	NION FOR WHICH	CH OPERATION	20A. AUTOPSY? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED					
CERTIFIC	a un	WAS PERF		in		IN CERTIFIING CA	USES OF DEATH?			
CAL	OR CONTRIBUTIN DEATH (notify me	WAS UNDERLYING OF CAUSE OF	21B. PLA home, fo	CE OF INJURY (e.g., in orm, factory, street, offi	or about 21 C. WHERE DII	i? un fif in Bolitma	re City, give exact location)			
MEDI	OF INJURY (M	anth) (Doy) (Year)		URY OCCURRED	21F. HOW DID	INJURY OCCUR?				
-	(APPROX.)	ml	While A Work	At Work		wit				
	22. I certify that (H) (this haspital) attended the deceased from 1-28-1972 to 7-30-1972									
	that (1) (we) las	t saw the deceased	alive an	- 30-	19 72 and		nian death accurred an the date			
	and have and fro	m the causes state	d abave. (1) (W	e) (dld) (did not) vi	ew the bady after deat	th.	811111111111111111			
	23A. SIGNATURE	/. H				23 B. DATE SIGNED				
	336 8475161 475	· Dirilba	ra	DEGREE Phys.	ding Med. Director	Staff Phys.	7/30/40			
	23C. PHYSICIAN'S NAME (Typol	R. SIRI	THARA	M.D.	Louth Bal	time Ga	unal hospital			
	REMOVAL (Speci	iu)	1 -	of CEMETERY of CREA		LOCATION (Ci	ity, town, ar county! (State)			
	Durial	8/2/72		Hill Cemete	0	itchie Hyway L	Balto Md. 21225			
ZJA	AU		5B. MAME OF RE	13 A 12 A 1	25C. FUNERAL DIRECT	TOR	ADDRESS			
VS 1	50-REV. 1/1/68	1312	Didney	MAN CONTRACTOR	J'ioshily 2	y ratapsco Av	ve Balto 21225			



	regi	O GMOOO BALTI	MORE CITY	HEALTH DEPARTMENT		1910			
D.D		207323 CER	TIFICA	TE OF DEATH	REG. NO	72 07323			
BIRTH NO.	DECEASED	STAT	F OF MA	RYLAND-DHMH					
(Type or Print)	1-0	0-		11.14	ND HOUR OF DEATH				
3. PLACE IN	BALTIMORE MARYLAND,	WHERE PRONOUNCED DEAD)	4. USUAL RESIDENCE (Who	TC 7 Z	stitution: residence before admission)			
FULL NAME HOSPITAL O	OF (IF NOT IN HOSPI R ADDRESS OR LOC	TAL OR INSTITUTION, GIVE	STREET	A. STATE B. COUN	411	301			
INSTITUTION	48 484 104 (108)		e mish	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
Dol	ton Hall no	mising Har	ne.	E. STREET AND NUMBER	arrive and a second	YES NO			
5. SEX	ao John			121 no. Bo	man & was				
m	6. RACE	* MARRIED NEVER MA	ARRIED	B. DATE OF BIRTH	9. AGE (In yeors lost birthdoy) 6 4	Il Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
IOA. USUAL C	CCUPATION (Give kind of wor	k 108. KIND OF BUSINESS OF		11. BIRTHPLACE (Stoto or fore	eign country)	12. CITIZEN OF WHAT COUNTRY			
Unen	st of working life, even if relired)	Who		MD		USA			
13. FATHER'S	NAME			14. MOTHER'S MAIDEN NA	ME				
un	Known			ankr	CH IV				
15. Was Dece	asod Ever in U. S. Armed Fo			7. INFORMANT		ADDRESS			
Ves	WWD	SECURITY Z \S-03		Barrio 1		327-3181			
18.	50.91		OF DEATH	Verina dor	123-1410 m	APPROXIMATE INTERVAL			
DIS	EASE OR CONDITION DI	RECTLY				BETWEEN ONSET AND DEATH			
	LEADING TO DEATH	4.4.044	AEDIATE CAUS	E acteurelen	to autolis	en nu			
heart foil	es not meon the mode of ure, asthenio, etc. it means camplication which caused	dying, e.g., DUI		CONSEQUENCE OF:	***************************************	700			
1	ANTECEDENT CAUSES			1-0	140				
DISEASE	DISEASES OR CONDITIONS, if any, giving (B) TOTAL TENEDRY TENEDRY TOTAL TENEDRY TENEDRY TOTAL TENEDRY TOTAL TENEDRY TOTAL TENEDRY TOTAL TENEDRY TENEDRY TOTAL TENEDRY TOTAL TENEDRY TOTAL TENEDRY TENEDRY TOTAL TENEDRY TOTAL TENEDRY TENE								
nse lo	the obove cause (A)	stoling the		2 0 -	Itila-	10/4			
UNDERL	ING CONDITION lost.	ecco-	1968						
O OTHER SIG	II SNIFICANT CONDITIONS CO	NTRIBUTING							
TO THE D	EATH BUT NOT RELATED TO T	HE TERMINAL							
U 19A DATE	U 19A DATE OF OPERATION 110E CONDITION CON MILLEUM								
0	IN CERTIFYING CAUSES OF DEATH?								
O DEATH (n	DENT WAS UNDERLYING CRIBUTING CAUSE OF Only medical examiner	21& PLACE OF IN home, form, fector etc.)	JURY (e.g., in y, street, offic	or about 21C. WHERE DID	(li In Bollimore	City, give exoct location)			
OF INJUR		(Hour 21E INJURY OCC	URRED	21F. HOW DID INJ	URY OCCUR?	44			
(APPROX)		While At Work	Not While At Work			,			
22. I cert	22. I certify that (I) (this hospital) attended the deceased fram / 11/4 19 20 to 7/26/19 22								
	that (i) (we) last saw the deceased alive an 1972 and that in (my) (aur) apinfan death accurred on the date								
and haur	and haur and fram the causes stated abave. (f) (We) (did) (did not) view the bady after death.								
237. 31014	Attending Med. Sheft D								
23C. PHYSI	DEGREE Phys. Director Phys. 7/28/7~								
NAM	NAME (Type)								
24A. BURIAL	REMATION, 24B. DATE	24C. NAME OF CEMEN	DEGREE C.	ATORY 1000	of en	as he was			
Buren	L (Specify)	7, MOT 11		240. 10	CATION (City)	town, or county) (Stote)			
25A. DATE RE	C'D BY HEALTH DEPT.	258 MAME OF REGISTRAR	JUNN (25C. FUNERAL DIRECTOR	Ja Mimo	ADDRESS			
	AUG 2 1972	Trong son	oston	8/ Bul 0.	Wile.	Jan Ba The A			
VS 150-REV. 1	/1/68	7		7		-1-100 11 mm vily /30			



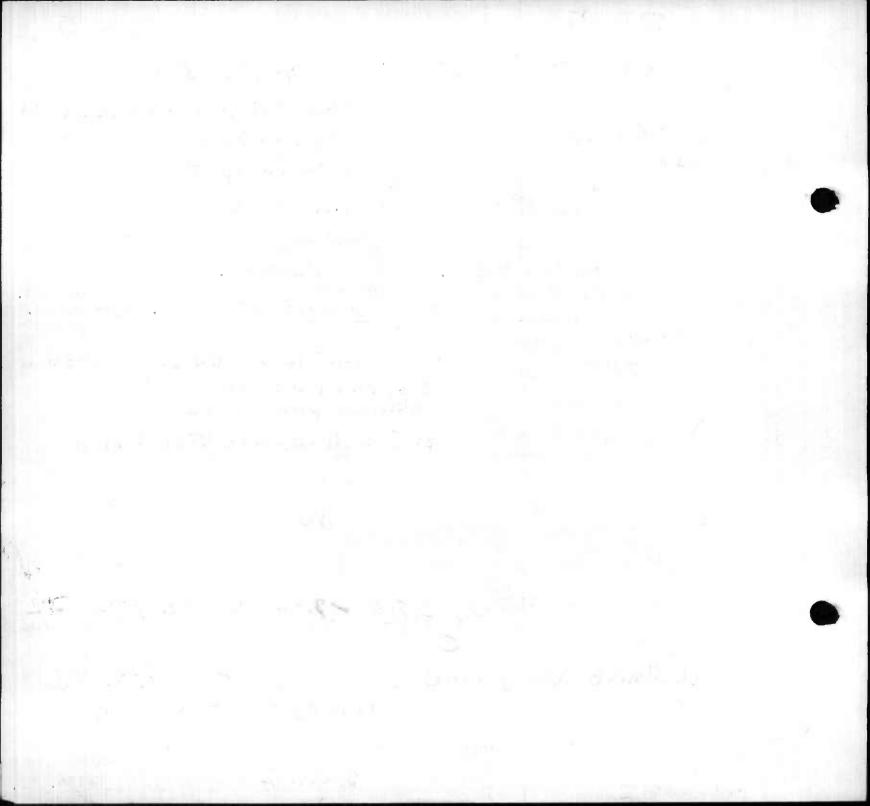
FUNERAL DIRECTOR: IMPORTANT

of death Deceased Such and uo hospital death. attendance (4) Undetermined cause; (5) or contributing cause 0 prior occurred in regular disposition is mad deceased death Was the EO death or final attendance any pronounced embalmed fracture of examiner. (3) A fractur regular who are E physician the remains chief medical Was medical burns; No physician (2) Body the 8 before where to the hospital any nature; obtained 9 approved (except and pe eath) of hospital the body was released must An accident T 0 approval O eceased prior t o was D.O.A. shows: (1)

72 07324 BALTIMORE CITY HEALTH DEPARTMENT 72 07324 CERTIFICATE OF DEATH BIRTH NO. STATE OF MARYLAND-DHAM I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH THERINE KNOLL (Type or Print) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, if institutions residence before admission) A. STATE Md THE NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR INSTITUTION C. CITY OR TOWN D. INSIDE CITY LIMITS? General Haspital YES T TIMORR NO E. STREET AND NUMBER Kelaik 9. AGE Un years If Under 24 Hrs. 5. SEX 6. RACE & DATE OF BIRTH If Under 1 Ya 7- MARRIED NEVER MARRIED Hours lost birthday emale WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) ousewife 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Unknown John Uhl KAKNOWN Katherine Schmidt 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) [lif yes, give war or dates of service) 6. SOCIAL 17. INFORMANT SECURITY NO. 8-12-7596 Hines 0 Chester ST. BETWEEN ONSET AND DEATH Breast DISEASE OR CONDITION DIRECTLY LEADING TO DEATH metastases aulmona (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF ANTECEDENT CAUSES (B) DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last arterioselerotic CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING cardiovascular TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A AUTOPSYT (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218 PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location) MEDICAL DEATH (notify medical examined 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At (APPROX.) At Work Work 22. I certify that (i) (this hospital) attended the deceased from and that In(my) (aur) apinian death occurred an the date that (1) (we) last saw the deceased alive an_ and have and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 238, DATE SIGNED Attending Phys. Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) CUQ RA DEGREE 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote) Burial First Evengelical Church Cem/ Baltimore 25A. DATE REC'D SY HEALTH DEPT. 25C. FUNERAL DIRECTOR Henry Sander & Sons Inc. Belto, Md. AUG 2 1972 VS 150-REV. 1/1/68

17 12 CHARL - 10-

VS 150-REV. 1/1/68



1 A-425

STA		YLAND=DH					72	073	26 -		
BIRTH NO.		MEDICA	L EXAMINER'S	LEK LIFK	CATE OF	DEAT	H REG. NO.	0.0			
1. NAME OF DEC	EASED			2. DATE	Known 📉	Month	Day	Year	Hour		
(Type or Print)		ne Alexa	ndatos	OF DEATH	Estimated	8	1	72	4:40 A		
4. PLACE IN BAL			PRONOUNCED DEAD	3. DATE		Month	Day	Year	Hour		
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN	HOSPITAL OR IN	ISTITUTION, GIVE STREET		JNCED DEAD	8	1	72	4:40 A		
OK INSTITUTION	Church	Home &	Hospital	A. STATE	Maryland	deceased li	B. COUNTY	n: residence b	D [
6. SEX	7. RACE	B. MAI	RRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?							
F	W		WED DIVORCED	Ва	ltimore		Y	s X	NO 🗆		
9. DATE OF BIRTH 8/18 19	940 los	AGE (In years t birthday) 3/	If Under 1 Yr. If Under 24 Hrs. Manths, Doys, Haurs, Min.	41	ND NUMBER 8 S. Wash	ington					
11. BIRTHPLACE (S		untry)	12. CITIZEN OF WHAT COUNTRY?	13. FATHER			9. 0				
Balto.N			TLS.A.		ephen Jal		ki				
done during most of w	PATION (Give kind orking life, even if WILL C	d af work 14B. KIN retired)	ND OF BUSINESS OR INDUSTR		evie Roge						
16. WAS DECEAS			ES? 17. SOCIAL	18. INFORA	MANT		Al	DDRESS			
(Yes, na or unknown)	(it yes, give war o	r dates at servi	214-38-6444	Steph	en Jabiko	owski	245 S.W	ashina	rton St.		
19. 2/	1.2		CAUSE OF DEA					AP	PROXIMATE INTERVAL		
RISE TO THE UNDERLYIN	OR CONDITIONS ABOVE CAUSE IG CONDITION II IFICANT CONDIT ITH BUT NOT REL	(A) STATING THE	(C)	AS A CONSEC	QUENCE OF:						
DISEASE OR	CONDITION GIV	,	N FOR WHICH OPERATION W	AS DEDECIDA	ED	eller kjó digð eller eller som með mellemið viðir kyn kjör elja elja el		21 AUTO	DCV2 (Yes or No)		
O 1	OF ERAIIOIT 2	vo. CONDINO	IN FOR WHICH OPERATION W	WAS PERFORMED 21. A					AUTOPSY? (Yes or No)		
1	NAL CAUSE WAS		22B.PLACE OF INJURY(e.g.,	:b		// - D-//	611		yes		
UNDERLYING UTING CA	OR CONTRIB		home, farm, factory, street, affic	e bldg., etc.)	NJURY OCCUR?	(ir in pairimo	re City, give exc	ci (oconon)			
OF INJURY (APPROX.)	(Month) (Doy)	(Year) (He		WHILE C	2F. HOW DID IN	JURY OCC	UR?				
23.	ify that I held	on Inquiry			ond that on th	ale basis	death in my	oninion			
	ed from: Netu						ned monner	_			
163011	/ 1010	1			CHIEF MEDICAL E						
ACTUAL	- 11 h	ed	111/1/	ASSI	STANT MEDICAL E				DATE SIGNED		
SIGNATE		1	M.C		CIATE MEDICAL E						
NAME (T	KOD	ald N. K	Kornblum, M.D.	A55U	CIATE MEDICALE	AMMINEK					
24A. BURIAL CREA REMOVAL (Special buria	MATION, 248.	DATE	24C. NAME of CEMETERY			LOCATION		n, ar county)	(Stote)		
		3/5.72	Most Holy Re	Inc. P		Balto.		2222			
AUG 2	1972	(1	MAME OF REGISTRAR	Mrs.	Charles	Sadow	ski 19 Balto	DDRESS 37 Gou Md.	igh St.		
VS 151-REV. 1/1/68		//		9	· ·				1/		

8-21-1972 - Completion of cause of death on a pending medical examiner death certificate-Ronald N. Kornblum, M.D. HRS

STATE OF MARYLAND-DHIMH BALTIMORE CITY HEALTH DEPARTMENT
CEPTIFICATE OF DEATH REG. NO. 79 1/32/
1. NAME OF DECEASED 1. NAME OF DECEASED 1. NAME OF DECEASED
S PLACE IN BALTIMORE ANABYLAND, WHERE PRONOUNCED DEAD 14. USUAL RESIDENCE (Where deceased lived, it institution; residence before admission
A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) D. INSIDE CITY LIMITS?
SOUTH BACTIMORE CEN. HOSP. BALTIMORE VES NO NO
4 3001 HANOUER ST. E. STREET AND NUMBER 662 CHERRY CREST RD.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WID OWED DIVORCED 5/21/41 9. AGE (In yeors last birthday) 3/ Manths: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (State or foreign country) 14. CITIZEN OF WHAT COUNTRY 15. CITIZEN OF WHAT COUNTRY 16. CITIZEN OF WHAT COUNTRY 17. CITIZEN OF WHAT COUNTRY 18. CITIZEN OF WHAT COUNTRY 19. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME (SRUS CROSBY (DCC) HARGREN MAIDEN NAME (HARGREN MAIDEN)
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give wor ar dates of service) SECURITY NO.
UNKNOWN 229-52-923/ MORRIS BROWN Heathuille, Va.
18. CAUSE OF DEATH CAUSE OF DEATH BETWEEN ONSET AND DEAT
LEADING TO DEATH (A) IMMEDIATE CAUSE CEREBRA BUELD
(This does not meon the mode of dying, e.g., heart foilure, osthenia, etc. It meons the disease,
injury or complication which coused death.) ANTECEDENT CAUSES ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if ony, giving (B) DUE TO, OR AS A CONSEQUENCE OF:
rise to the obove couse (A) sloting the UNDERLYING CONDITION lost, (C)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 1 21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exect location)
U DISEASE OR CONDITION GIVEN IN PART 1 (A). U 19A. DATE OF OPERATION 188. CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
WAS PERFORMED NO IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, farm, foctory, street, office bldg., INJURY OCCUR?
D 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) Whife At Not While At Wark
22. I certify that (I) (this hospital) attended the deceased from 7/31/72 19 to 19
that (1) (we) last saw the deceased alive on 8/1 1,10 pry 19 72 and that in (my) (our) opinion death occurred on the do
and haur and from the couses stated above. (I) (We) (did) (did nat) view the body after death.
23A. SIGNATURE BY Keeffe MD Attending Director Phys. B 23B. DATE SIGNED Phys. Director Phys. B
23C. PHYSICIAN'S 23D. ADDRESS
11 100 NEXTE 11081, 43 10 3
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 8-6-12 Church Cem. Heathville, Va.
AUG 2 1972 Sidney lake the second of REGISTRAR 256, FUNERAL DIRECTORY BAILEY DE CA HOUMS
VS 150-REV. 1/1/6B

REG. NO. stitution; residence before admission) F DIDE CITY LIMITS? YES X NO tf Under 1 Yr. tf Under 24 Hrs. Manths Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS BETWEEN ONSET AND DEATH

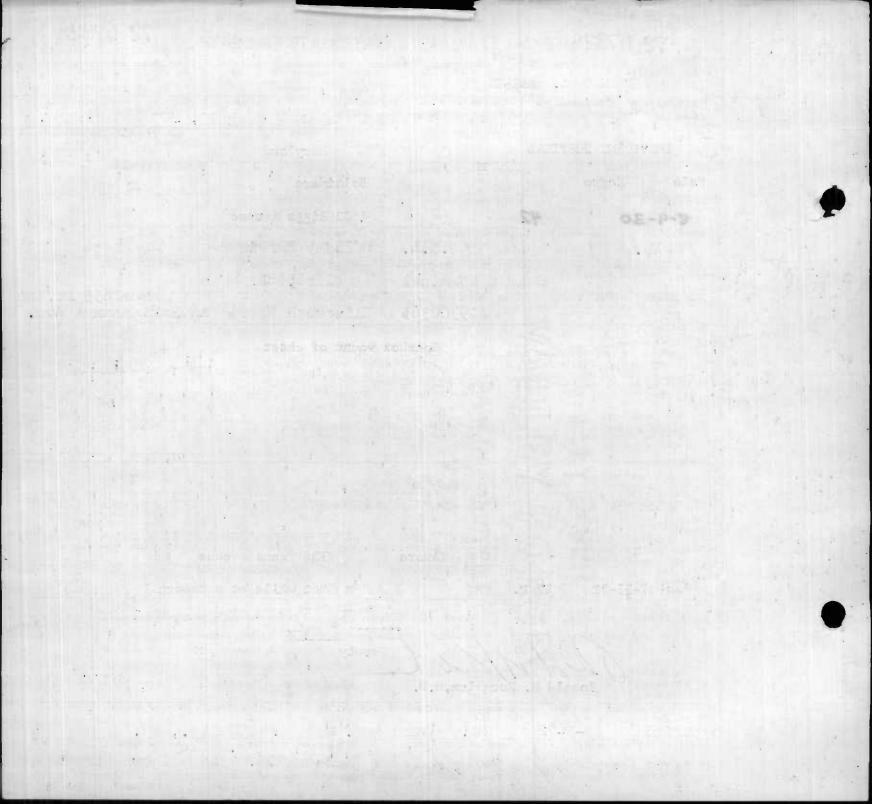
22952-723/ Modern Beaung Fronthwiller Y

Busial S-1-12 Church Com- Heathoulles V

STATE OF MARYLAND-DEM

BALTIMORE CITY HEALTH DEPARTMENT

72 0732 MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO.	07328	
1. NAME OF DECEASED (Type or Print) ALPHONSO L. HARRIS	OF SHALE	Year Hour	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION PROVIDENT HOSPITAL	3. DATE Month Doy PRONOUNCED DEAD July 31, 1972 5. USUAL RESIDENCE (Where deceased lived. If institution: resi	Yeor Haur 9:50 P.	
	Maryland	1607	
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN Baltimore D. INSIDE CITY LI	_	
9. DATE OF BIRTH 8-9-30 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Haurs Min.	1803 Riggs Avenue		
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	Bidly Harris		
done during most of working life, even if retired) Rukert Terminal	VIS. MOTHER'S MAIDEN NAME Elizabeth		
10. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	IB. INFORMANT ADDRE	ss1655 McKe	
19. CAUSE OF DEA		APPROXIMATE INTERVAL	
(A) IMMEDIATE C (This does not mean the made of dying, e.g., heart foilure, osthenio, etc. If means the disease, injury or complication which caused death.)	CAUSE AS A CONSEQUENCE OF: AS A CONSEQUENCE OF:		
UNDERLYING CONDITION LAST.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.			
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21.	yes	
UNDERLYING OR CONTRIB- home, farm, factory, street, affic Tavern	in or obaut 22C. WHERE DID (If in Boltimore City, give exact locate bidg., etc.) INJURY OCCUR? 2738 Penna Avenue	ation)	
(APPROX.) 7-31-72 7.22 F. m. WORK ATW	22F. HOW DID INJURY OCCUR? WHILE Shot while at a tavern		
resulted fram: Notinal couses Accident Sujcio	and that on this bosis, death in my opin de <u>Homicide</u> Undetermined manner Deputy CHIEF MEDICAL EXAMINER		
SIGNATURE / MESS / / CILL CALL	ASSISTANT MEDICAL EXAMINER	DATE SIGNED 8/1/72	
EXAMINER'S Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER	0/1/72	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)		county) (Stote)	
Burial 8-5-72 Mt. Auburn 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Cem. Balto., Md.	ESS	
4UG2 1972 Lidney to horton		n Street	
VS 151-REV. 1/1/6B			



S	TATE OF MARYLAND DING	BALTIMORE CITY	HEALTH DEPARTMENT		
	72 117323	CERTIFICA	TE OF DEATH	REG. NO.	117/296
BIRTH	ME OF DECEASED	021(11110/1		D HOUR OF DEATH	ひていては
	or Print) JOHN BOND		7/30	A	-pm
3. PL.	ACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD		e deceased lived. If in	stitution: residence before admission
C1111	MAAG OF ME MOT IN HOPPIAS OF IN	CTITIES ON CINC CINCE	MARYL		1306
HOSE	NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) TUTION	is ideled to	C. CITY OR TOWN		IDE CITY LIMITS?
311	acour Liberty !	BIGIDISANE.	Balto.		YES X NO
1	PROVIDENT HOST	DITAL	E. STREET AND NUMBER		
·	///		2847 Wo	odbrook	Ava
5. SE)	6. RACE 7. MARI	IED NEVER MARRIED		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 He Months! Doys Hours Min.
*	m N widow	VED DIVORCED	12-20-20	5	Tours Doy's Hours Tours
	SUAL OCCUPATION (Give kind of work 108, KIN)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNT
	furing most of working life, even # refired)		m		U.S.A.
	THER'S NAME		14. MOTHER'S MAIDEN NAA	AE .	
20.00	T. D		00 / /		
		na	1 TARY	NISON	
Yes, n	es Deceased Ever in U.S. Armed Forces? to or unknown! (II yes, give war or dates of servi	ce) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	847 Wood	ADDRESS
· Y	25	216-16-1561	wife 2	847 WEDA	brook Ave Balte
10		CAUSE OF DEAT	11-2111	1	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	Conge	seul He	N YY	THE PERIOD ON THE PERIOD OF A
	LEADING TO DEATH	(A) IMMEDIATE CAL	SE		
	This does not mean the mode of dying, teart failure, asthenia, etc. It means the disc	PAGO OF AS	A CONSEQUENCE OF:)	
i	njury or complication which coused death.)	1) 1	1/ m. 11/1/	- , \	
	ANTECEDENT CAUSES	(8)	ele presente	- c We	o decence
1	DISEASES OR CONDITIONS, If any, gi		A CONSEQUENCE OF:	N	0/12 out =
	ise to the above cause (A) stating JNDERLYING CONDITION last.	- 71		U	of the lie
	SADEREING CONDITION ION	(C)			
Z	THE PERCHAPTION OF CONTRIBUTION	MG			
	THER SIGNIFICANT CONDITIONS CONTRIBUTE O THE DEATH BUT NOT RELATED TO THE TERMIN	IAL			
	ISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
THE .			185	IN CEKIIFIING CA	USES OF DEATH
10	A. A CCIDENT WAS UNDERLYING TO RECONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i	or about 21C. WHERE DID	(If to Boltimor	re City, give exact location)
CAL	EATH (notify medical examined	etc.)	ar magnitudes occass		
0 2	D. TIME (Month) (Doy) (Year) (Hous	21 & INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
M	F INJURY APPROX.)	While At Not While	• 🗆		
-		Work At Work	11 30 1	- UDA	201
	2. I certify that (i) (this hospital) attend	1:11:20	14/	9 12 to JUIN	
t	hot (1) (we) lost saw the deceased alive	on JUN 30	19 10 and the	at in (my) (aur) api	nian death occurred an the do
a	and haur and from the causes stated abay	e. (1) (We) (did) (did not) v	lew the body after death.	200	
2	SA. SIGNATURE		v. s		238. DATE SIGNED
	Conrado 6. Quis	Dhu	nding Med.	Staff Phys.	
2	3C.PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS		
	CONRADO E AG	USTINI DEGREE			
24A.		C. NAME of CEMETERY of CR	MATORY 1240 14	OCATION (C	ity, town, or county) (Statet
G	REMOVAL (Specify)	0 1. 1. 1/	0. -	TO I	O County) (Sidie)
_ {	Buria 8-3-72.		m. AK.	\$ 4 140.	4110-
25A.	DATE SECTO AN HEMOT SEPTE SEPTEMENT	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	V. BAILEY	ADDRESS
	MOUN .	7 2 0 0	Kelson Falls	1348 Ca	Thoun St.
	50-REV. 1/1/68	40.4			

Low Valence Property Co.

STATE OF MARYLAND-DHAH BALTIMORE CITY HE	ALTH DEPARTMENT 72 07330
MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO.
BIRTH NO.	1.0.10
1. NAME OF DECEASED (Type or Print) MABEL WEBB	2. DATE Known Month Doy Yeor Hour OF DEATH Estimoted Month M
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD August 1, 1972 2:48 A. 5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
BON SECOURS HOSPITAL	A. STATE Maryland B. COUNTY 1603
6. SEX 7. RACE 8. MARRIED NEVER MARRIED NEVER MARRIED DIVORCED	C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMBER 720 N. Mount Street
11. BUTHPLACE (Stole or loreion country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME SELDME WASHINE TON
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (II yes, give wor or dotes of service)	18. INFORMANT LUBO 304/32VCFS+
119. F M / M CAUSE OF DEAT	
5 // . X 1	metamorphosis of liver
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE C	
	S A CONSEQUENCE OF:
ANTECEDENT CAUSES (8)	
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST. (C)	***************************************
C)	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No)
	yes
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	in or obout 22C. WHERE DID (II in Boltimore City, give exoct location) bldg., etc.)
22D. TIME (Month) (Doy) (Year) (Hour) 22E. INJURY OCCURRED OF INJURY	22F. HOW DID INJURY OCCUR?
(APPROX.) WHILE AT WORK AT W	WHILE ORK
23. I certify that I held an Inquiry Inspection Aut	tapsy 🗵 and that an this basis, death in my opinian
resulted fram: Natural causes 🔀 Accident 🗌 Suicid	
ACTUAL No. All th have	CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER DATE SIGNED
SIGNATURE MAN M.D	
EXAMINER'S Marvin S. Platt, M. D. / MC	0/3/12
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
25A. DATE REC'D BY HEALTH DEPT. // , 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
AUG 2 1972 Sidney who were	Markon pothy 638 mg/m
VS 151-REV. 1/1/68	3327

THE RESERVE OF STREET STREET,

VS 150-REV. 1/1/6B

72 (7331 BALTIMORE CITY HEALTH DEPARTMENT 72 07331 deoth occurred in a hospital and t or contributing cause of death Undetermined cause; (5) Deceased as in regular attendance on the Such BIRTH NO I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 7/31/72 Dorothy M. Gegner 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Md (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? 10 YES X NO Baltimore Hood Nursing Home prior E. STREET AND NUMBER North Bend & Edmondson Ave. 4803 Coleherne Road is mad S. SEX 6. RACE B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. 7- MARRIED NEVER MARRIED deceased 10st birthdoy Hours 8/9/12 female white WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) Maryland USA Was 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the direct 4 assistant if Julia Kavanaugh Milton H. Tapman eath 0 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL kind or fina (Yes, no or unknown) (If yes, give wor or dotes of service SECURITY NO. Mr. W. Roy Gegner, 4803 Coleherne Road attendance any APPROXIMATE INTERVAL pronounced CAUSE OF DEATH BETWEEN ONSET AND DEATH or his e1710306 DISEASE OR CONDITION DIRECTLY Also, embalmed of LEADING TO DEATH SCU fracture (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, chief medical examiner aminer. regular injury or complication which caused death.) ANTECEDENT CAUSES who are DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, to the above cause (A) stating the = physician the remains UNDERLYING CONDITION last. Was medical burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) Body 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the 0 before the 21A. ACCIDENT WAS UNDERLYING 218, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 6 (If in Baltimore City, give exact location) where OR CONTRIBUTING CAUSE OF the hospital °Z MEDICAL DEATH (notify medical examiner) etc.) nature; by obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 approved OF INJURY Not While (except While At (APPROX.) and Work At Work any 1950 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) lost saw the deceased alive on. ond that in(my) (our) opinion death occurred on the date of death) hospital and hour ond fram the causes stoted obove. (I) (We) (did) (did not) view the body after death. released must accident 23A. SIGNATURE 23B. DATE SIGNED Attending Phys. Med. Shaff 0 Director L approval 0 23C. PHTSICIAN'S NAME (Type) 23D. ADDRESS prior certificate Was to 5550 Baltimore National Pike An Thomas E. O. A. 24A. BURIAL CREMATION, 248, DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) eceased the body REMOVAL (Specify) written Baltimore, Maryland shows: ä 8/4/72 Loudon Park Burial Was 25A. DATE REC'D BY HEALTH DEPT. 258/NAME OF REGISTRAR ADDRESS 25C. FUNERAL DIRECTOR Witzke, 1630 Edmondson Avenue AUG 2

M.

(Stote)

Target of brilders - serie beautiful from so section of the content of the Country of the Cou digenous policies (16) Said for the country of the country The Think I, South State Telefacte House I see 1 12 Selling of a selling

4-	6201				New C	- () Indi	BALTIA	MORE CITY	HEALTH	H DEPARTMENT		1-10	0,770)
//			TH NO.		16	2 073	SOC CER	TIFICA	TEC	F DEATH	REG. N	10	07332	<u> </u>
	death death eased n the		AME OF DECE	anes R	, TIO	mm i a		A.T.F. UE	MANII		ND HOUR OF D	EATH		
	hospital and ise of death (5) Deceased ance on the death. Such	3.	PLACE IN BALTI	MORE MARY	LAND, W	HERE PRON	OUNCED DEAD		4. USU/ A. STAT	AL RESIDENCE (Wh	- 29- 7 ere deceased live	d. If institution	om residence befo	e admission)
		HIH	LL NAME OF	(IF NOT I	N HOSPITA	AL OR INST	TTUTION, GIVE	STREET		RYLAND	7		15	37
	c 34.		7							ALTIMOR ET AND NUMBER		. INSIDE CI YES	_/	
			PROV	IDEM	It 1	405P	ITAL			7 N. ROSE				
	curre ribut nined jular ed p	5. :	4.4	RACE		7. MARRIE	NEVER MA	ARRIED	B. DATE	OF BIRTH	9. AGE (In year lost birthdoy)	.reet	Inder 1 Yr. II U	Inder 24 Hrs.
4	occurre ontribut ermined regular eased pr	104	MALE USUAL OCCUP	NEG ATION Give	R D	WIDOWE		ORCED _		12-1916	:55	1		
	- 0 - 6 0	don	during most of wo	rking lils, even	if retired)			INDUSTRI		HPLA CE Stote or for	eign country)	12.	CITIZEN OF WHA	T COUNTRY?
	de Un us as	13.	FATHER'S NAM			Tr C PI	narmacy		Vii	rginia . HER'S MAIDEN NA	ME		USA	
=	. 5 4 ± is	11	Villiam						Gei	raldine	?			
IMPORTANT	0 0 0 0	15. (Ye:	Nos Deceosed E	ver in U.S./ Il yes, give w	med Forcer or or dotes	es? ol service)	1 6. SOCIAL SECURITY	NO.	7. INFO	RMANT			ADDRESS	
L N	tin d	1	18.				233-14	1-4971 OF DEATH	Mrs.	Rebecca	Harris	2737	N Rose	edale s
PO	o ar		180 1	OR CONDI	TION DIR	ECTLY	CAUSE	OF DEATH					BETWEEN ONS	IE INTERVAL
2	Also Also no of atte	- 3	(This does not	meon the	made of	dvina e.a	(A)!MM	EDIATE CAUS	E Ca	mei mym	a of the	e fur	9	
ä	miner or niner. A fracture o prono gular a embalm		heart failure, as injury ar campl	sthenia, etc.	II means	the disease	e, Due	WHO AS A	CONSEC	Mcinym DUENCE OF: Lualzed	mefast.	ans 6	7	
0	amin min A fra tho tho egul			TECEDENT						•				
DIRECTOR:	X X X X		DISEASES OR	above cau	se (A)	ny, giving	g DUE	TO, OR AS A	CONSE	QUENCE OF:	***********************		***************************************	-7
1	edical dical urns; (; sician was ii mains		UNDERLYING	CONDITION	last.		(c)			****************	***************************************			
AL		NOL	OTHER SIGNIFIC	ANT CONDITION OF RELA	ONS CON	ITRIBUTING	;							
ER		FICAT	DISEASE OR CON	PERATION T	9B COND	I (A).		TION	20 A. A	UTOPSY? (Yes or N	o) 20B, IF YES, V	VERE FINDIN	GS CONSIDERED)
FUNER		CERTIFICATION	21A. ACCIDENT		WAS PERFO		P. Bl. a. Gr. Or Ivo		-	yes			GS CONSIDERED	
14.	+	CAL	21A. ACCIDENT OR CONTRIBUTI DEATH Inotify m	NG CAUSE	OF er)	ho	me, form, foctor	JURY (e.g., in	e bldg.,	2)C. WHERE DID	(If In Bo	itimore City,	give exoci locotion	1)
	4 3 0 4	MEDI	OF INJURY	Month) Doy	(Yeorl		E INJURY OCC			21F. HOW DID IN.	URY OCCUR?			
	A A U = -		(APPROX.)	403.4.0.			hile At	Not While At Work				7/		
	de d	1 1	22. I certify th that (I) (we) Ia				the deceased	from	3/4	7-9	19 72 to	F/ 29		19 7 24
	t be a sed to ant of apital eath)	1 I					(I) (We) (did) (did not) vie	w the b	oady after death.	nat In (my) (aur) apinian a	eath accurred	an the date
	SOBODE		23A. SIGNATURE) 1	1.		Attend		5.55	/	23B, C	ATE SIGNED	
	relegaccion de la properto val		23C. PHYSICIAN NAME (Type	ma 7	austr	0- Xh	neadi	EGREE Phys.	D. ADDR	Med. Director	Staff Phys.	7	129/7	2
			VIRG II	HIA !	= . M	ERCI	400 M	D.	Pu	een dent	- Hear	in	a .	
	certificat body was vs: (1) An D.O.A. at ased pric	24A	BURIAL CREMA	TION, 124B. I	DATE	24C. N	IAME OF CEMET	ERY of CREM	ATORY		OCATION	(City, town	or county)	(Stote)
		B1	urial	8-	3-72	Ne	W TOWN	Cemete		Har	risonbu	rq	Virgin	ia
	This the show was dece		AL	JG 2 1	972	Hid	vey from	on Kon		TER FUNI		E 303	ADDRESS	
		VS 1	50-REV, 1/1/68				1		7	7			110	ALALI ALV.

- Par - P

PROVIDENE HOSPITAL

Marie Megas

ACS ACCORD

BILLIMESE

Cancernona of the fung

up

7/29 2/472 72 7/29

Freque tampo Kucandar

Person Hangeley for c -

-57/86/F

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased S was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. was D.O.A. at a hospital (except where the physician who pronounced

	****	1 - 1 - 2 - 3	BALTIMORE CITY	HEALTH DEPARTMENT		פפפים פיי
DIRTH NO	12	0.733	UERTIFICA	TE OF DEATH	REG. NO	72 07333
BIRTH NO.	ASED		STATE OF MAI	RYT.ANDDEME	AND HOUR OF DEAT	
(Type or Print)	nie M. Hav	alring			29-72	1:00 P.
	MORE MARYLAND, V	and the same of th	UNCED DEAD			institution: residence before admission
				Maryland	YIND	1 1-
FULL NAME OF HOSPITAL OR	ADDRESS OR LOCAL PROVIDENT	AL OR INSTIT	UTION, GIVE STREET			1012
NSTITUTION		_	-	C. CITY OR TOWN	D. IN	ISIDE CITY LÍMITS?
30	2600 Liber			Baltimore E. STREET AND NUMBE	D	YES NO
57	Baltimore,	Md. 2	1215	2803 Rockros		Balto., Md 21215
SEX 6	RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE lin years	Il Under 1 Yr. Il Under 24 Hrs Months: Doys Hours Min.
Female	Negro	WIDOWED	DIVORCED	1-24-1901	lost birthdoy	Months Doys Hours Min.
	ATION (Give kind of world		F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	loreign country)	12. CITIZEN OF WHAT COUNTR
- 1-7-0-1	orking life, even if retired)			Mayyland		U.S.A.
COOK	F	Nursi	ng Home	14. MOTHER'S MAIDEN	MAAAR	
Ross F				Laura Ful	ler	
es, no or unknown)	ver in U. S. Armed For If yes, give war or dote	ces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No				Mrs. Emily	Matthews	2803 Rockrose Ave.
ise to the UNDERLYING	CONDITIONS, if abave couse (A) CONDITION last.	staling the	(c)			
E TO THE DEATH	ANT CONDITIONS CO	HE TERMINAL	A	WEMIA		
	PERATION 198 CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208 IF YES WERE	FINDINGS CONSIDERED AUSES OF DEATH?
0	WAS PERI	FORMED		No	IN CERTIFYING C	AUSES OF DEATH?
OR CONTRIBUTE DEATH (notify m	WAS UNDERLYING DING CAUSE OF	218 hometc.	PLACE OF INJURY le.g., in the, form, foclory, street, off	or obout 21 C. WHERE DIC	(If In Boltime	ore City, give exact location)
	Month) IDoy) (Yearl	(Hour 21E	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
IAPPROXI			ile At At Work			*
22 1	11/1.11	Wo		7/01		al agl
	nat (1) (this haspital	/	he deceased from	01 00	19 72 to	1/19/2
	st sow the decesse	/	7 1/2		. 1	Inlon deoth accurred on the do
		ed oboves ((did) (did not) v	lew the bady after deat	h.	
23A. SIGNATURE			5			23B, DATE SIGNED
	Jun	ann	DEGREE Phys		Staff Phys.	7/29/72
23C. PHYSICIAN NAME (Typ	JOHN	-5,		BROVI.		tosp. /2600 LINSENT
4A. BURIAL CREM.	ATION, 24B. DATE	24C. N	AME of CEMETERY OF CRE	MATORY 24D	LOCATION (C	City, town, or county) BA (State)
Burial		972 Mt.	Auburn Ceme	eterv Ra	ltimore	Maryland
SA. DATE REC'D B		1258 ANA AAF	DE REGISTRAD	DOC SUMERAL DISCO	TOTHIOLE	Maryland

Luy for Son DUTTER FUNERAL HOME 1972 MIR 2 3035 W. NORTH VS 150-REV. 1/1/68

BRET-13

19	07334	BALTIMORE CIT	HEALTH	DEPARTMENT
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MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	H REG. NO.	72	07

			ICAI		FRTIFICATE OF DEA	ТН	72 07334
BIRTH NO.		MILD	ICAL	STATE OF MAR	ERTIFICATE OF DEA	REG. NO	
1. NAME OF DEC		GLENDOR	RIA J	. WINDER	2. DATE Knoŵn ☐ Month OF DEATH Estimoted ☐	Doy	Yeor Hour
	TIMORE, MA	ARYLAND, W	HERE PE	RONOUNCED DEAD	3. DATE Month	Doy	Yeor Hour
FULL NAME OF HOSPITAL	(IF NO	T IN HOSPITA	L OR INS TION)	TITUTION, GIVE STREET	PRONOUNCED DEAD 7	30	1972 ¹ 8:15 а _{м.}
or institution 402	$2\frac{1}{2}$. 1	N. Roge	rs A	ve.	5. USUAL RESIDENCE (Where deceosed A. STATE Md.	B. COUNTY	residence before odmission)
6. SEX	7. RACE		8. MARE	RIED X NEVER MARRIED	C. CITY OR TOWN	D. INSIDE CIT	Y LIMITS?
female	negro	0	WIDOV	VED DIVORCED	Balto.	YE	NO D
9. DATE OF BIRT 5-30-19		10. AGE (In lost birthdo		If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	4022 N. Roger	rs Ave.	
11. BIRTHPLACE		gn country)		12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME		
Marylan 14A.USUAL OCCU done during most of	PATION (Giv		14B. KIND	OF BUSINESS OR INDUSTRY	Cornelius Dean		
Housewi		ILC ADMED		Home	Mary Stewart	AD	DRESS
(Yes, no or unknown	(If yes, give	wor or dotes	of service	SECURITY NO.			
NO	>1			CAUSE OF DEA	Mrs. Mary Johes	3303 Blc	APPROXIMATE INTERVAL
E76	534				ound of head		BETWEEN ONSET AND DEATH
DISEAS	LEADING TO	DITION DIRECT	CTLY				
	not meon the	mode of dy		(A)IMMEDIATE O	AS A CONSEQUENCE OF:		
		c. It meons the ich coused dec					
	NITECEDENI	CAUCIC					
	NTECEDENT OR CONDITI	ONS, IF ANY	, GIVING	(8) DUE TO, OR	AS A CONSEQUENCE OF:		
RISE TO TH	E ABOVE CA	USE (A) STA	ING THE				
NO				(C)			
O TO THE DE	ATH BUT NO	II NDITIONS CO T RELATED TO I GIVEN IN PA	THE TERM	AINAL			
20A. DATE O				FOR WHICH OPERATION W	AS PERFORMED		21. AUTOPSY? (Yes or No)
0 2						yes	
O HAIDEDIVIAL		ITRIB-		22B. PLACE OF INJURY (e.g., home, form, loctory, street, offic nome	in or obout 22C. WHERE DID (If in Boltime bldg., etc.) INJURY OCCUR?		t locotion)
UTING CA	4	ATH. Doy) (Yeor	·) (Hou		22F. HOW DID INJURY OC		
OF INJURY (APPROX.)	7-30-72	2	?		Shot by husbar	nd.	
23.	tify that I h	neld on I	nquiry [Inspection Au	topsy ond that on this basis	s, deoth in my	opinion
resul	ted from: N	Naturol cau	ses	Accident Suicio		nined monner	
ACTUAL		MI		100.	CHIEF MEDICAL EXAMINER		DATE SIGNED
SIGNAT		May	um.	A Platt M.D	ASSISTANT MEDICAL EXAMINER	× K.	
NAME (Туре)		S. P.	latt, M.D.	ASSOCIATE MEDICAL EXAMINER	/	-30-72
24A. BURIAL CRE REMOVAL (Spec Burial	ify)	248. DATE 3-3-19	72	24C. NAME of CEMETERY			, or county) (State)
25A. DATE REC'D		DEPT.		Arbutus Mem	orial Park Baltin	nore Co	Maryland
	AUG 2	1972	170	rosey inhor	NUTER FUNERAL		
VS 151-REV 1/1/6	8		6.1	1 - 11 , , , ,			1/

The Table of the second and the second design of the second . all street in the street land THE RESIDENCE OF THE SHOETS

1	72 07335 BALTIMORE CITY HE									
A-352	MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO.	72 07335							
// 00	1. NAME OF DECEASED (Type or Print) Ida Adams	2. DATE Known XIX Month Doy OF DEATH Estimoted 7 25	Yeor Hour 72							
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour							
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD 7 25	72 6:10 p _M							
	Maryland General Hospital	5. USUAL RESIDENCE (Where deceosed lived. If institution: A. STATE B. COUNTY Md.	residence before odmission)							
	6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CIT	Y LIMITS?							
	female Negro WIDOWED DIVORCED		s 🔀 NO 🗆							
	9. DATE OF BIRTH 10. AGE (In years of Under 1 Yr. If Under 24 Hrs. 6/2/02 10. AGE (In years of Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMBER 340 HIMMXMXXXXXXX 340 B1	oom St. 1-G							
	11. BIRTHPLACE (Stote or foreign country) t2. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME								
	Baltimore, Md. USA	Jacob Hill								
11 11 11 11 11	14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	115. MOTHER'S MAIDEN NAME								
	Housewife Home	Bertie Jefferson AD	DRESS							
	(Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO.									
	NO 19. // / CAUSE OF DEA	George E Adams, Sr. 340 B	APPROXIMATE INTERVAL							
	DISTACT OR CONDITION DIRECTLY Arterios	clerotic cardiovascular diseas	BETWEEN ONSET AND DEATH							
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE C									
	(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:								
	injury or complication which coused death.)									
	ANTECEDENT CAUSES (B)	AS A CONSEQUENCE OF:								
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF:								
	Z ONDERCTING CONDITION (ASI. (C)									
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL									
	DISEASE OR CONDITION GIVEN IN PART 1 (A).									
	208. CONDITION FOR WHICH OPERATION W	21. AUTOPSY? (Yes or No)								
	₹ 22A. EXTERNAL CAUSE WAS 22B.PLACE OF INJURY(e.g.,	no t location)								
	UNDERLYING OR CONTRIB- home, form, foctory, street, office bldg., etc.) INJURY OCCUR?									
	Z2D. TIME (Month) (Doy) (Yeor) (Hour) 22E. INJURY OCCURRED OF INJURY (APPROX.) MHALE AT NOT WHILE AT WORK MORK MORK									
	23.									
		tapsy und that an this basis, death in my	_							
	resulted fram: Natural causes XX Accident Suicid		J							
	ACTUAL XI, 1115VIIII	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED							
	SIGNATURE EXAMINER'S	7/26/72								
	EXAMINER'S NAME (Type) Peter Lipkovic, M.D. ASSOCIATE MEDICAL EXAMINER L									
	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, Iown, or county) (Stote)									
	Burial 7/29/72 Arbutus Memorial Park Baltimore Caboness Maryland									
	AUG 2 1972 AUG Whealth Dept. 1258 NAME OF REGISTRAR TOTAL 125C. FUNERAL DIRECTOR TELINOTE CADDRESS TAT YEAR HERbert Nutter-3035 W. North Ave									
	vs 151-REV. 1/1/68	03332								

: 1111 A Latina forence in the train The state of the second districts

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MO GMAR BALTIMORE CITY HEALTH DEPARTMENT

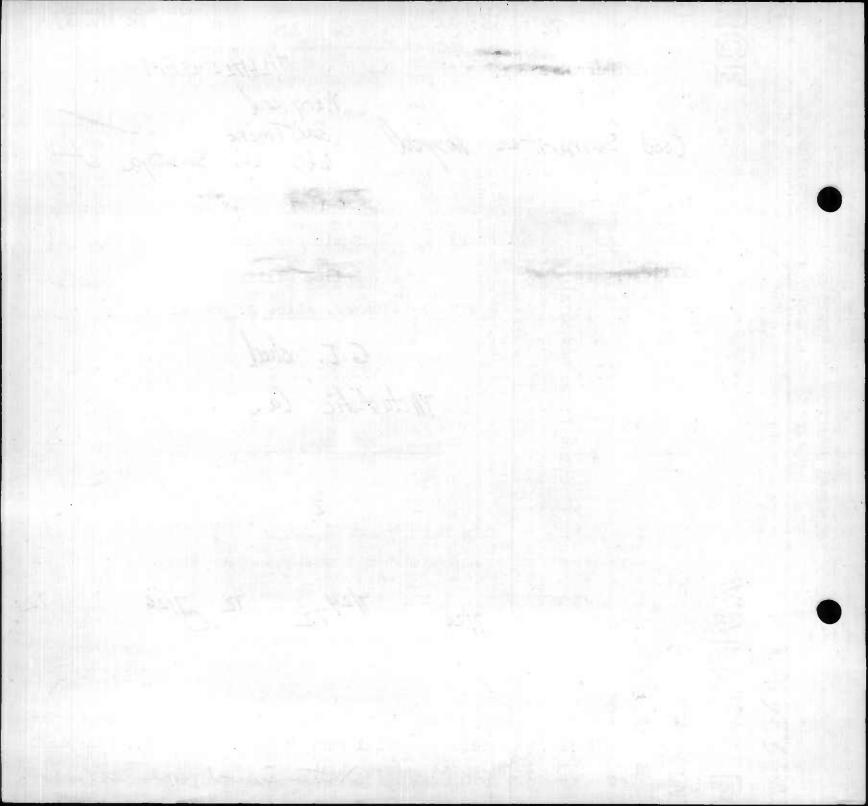
)/33 ICAL	EX	AMINER'S	CERTIFIC	CATE	OF DEA	TH	No. 72	07	336
BII	RTH NO.					TATE OF MAR	YLAND-D	HMH		REG.	NO		
1. (Ty	NAME OF DEC pe ar Print)		ROBERT	RICHA			2. DATE OF DEATH	Knawn [Manth	Day	Yea	Hou	r M.
4.	PLACE IN BALT	TIMORE, MA	RYLAND, W	HERE PRO	ONOL	INCED DEAD	3. DATE		Month	Day	Yeo	r Hau	
HO	LL NAME OF		TIN HOSPITA		TUTIO	N, GIVE STREET		UNCED DEAL	7	39	1972		7 р м.
C		N. Fu	lton A	ve.			A. STATE	id.	where deceose	B. COUN		16	04
6.	SEX	7. RACE		8. MARRI	ED 🗌	NEVER MARRIED	C. CITY OR	TOWN		D. INSIE	DE CITY LIMIT	5?	
	male	negr	0	WIDOW	ED 🔲	DIVORCED [Balte	0.		YES X	NO [
9.	DATE OF BIRTH	1	10. AGE (In			er 1 Yr. If Under 24 Hrs.	E. STREET	AND NUMBE	R			1	
	8-23-18	82	lost birthdo	y)	Monins	1 min.	730 N	J. Fult	on Ave.				
11.	BIRTHPLACE (S	tate or fareig		i	2. CI1	IZEN OF	13. FATHER						
1	South C	aroli	na			HAT COUNTRY?	-	- 1					
144	USUAL OCCU	PATION (Give	kind of work	14B, KIND	OF BL	USA ISINESS OR INDUSTR	YII5, MOTHE	R'S MAIDEN	NAME R	ichard	son		
don	e during mast of w	arking life, eve	en If retired)										
	WAS DECEASE					American	18. INFORM		aparte	е	ADDRESS		
	s, no or unknown)				'	7. SOCIAL SECURITY NO.	INFORM	WAINI	. 1		ADDRESS		F.L.
	VO					SECURITY NO. 12-01-790		O'Ber	rtha K	. Rich	lardsol	1 73	0 Fulto
	19.	24-1				CAUSE OF DEA	ATH				В		ATE INTERVAL
		E OR COND		CTLY	1	Arteriosler	otic car	diovas	cular d	isease			
		LEADING TO at mean the		ing e.g		(A)IMMEDIATE							
	heart failure,	asthenia, etc.	It means the	disease,		DUE 10, OK	AS A CONSEQ	UENCE OF:					
		NTECEDENT				(B)	AS A CONSE	OUT VET OF					
	RISE TO THE	ABOVE CAL	JNS, IF ANY JSE (A) STAT	TING THE		DUE 10, OK	AS A CONSE	QUENCE OF:					
z	UNDERLYIN	IG CONDITI	ON LÁST.			(c)							
0			II		-								
CERTIFICATION	TO THE DEA	IFICANT CON ATH BUT NOT CONDITION	IDITIONS CO	THE TERMI		I who we destruct the second s	\$\dagger\$\dagg						00 ma od drb drb drom tro tr
2	20A. DATE OF	OPERATION	208. CON	NDITION F	OR W	HICH OPERATION W	AS PERFORN	NED			21. AU	TOPSY?	(Yes ar Na)
ប	0										no		
7	22A. EXTERI	NAL CAUSE	WAS	12	28. PI	ACE OF INJURY(e.g.	in ar about 2	2C WHERE	DID (If in Bolt)	imare City aiv	no no	n)	
	UNDERLYING	OR CON	TRIB-		name,	arm, factory, street, offi	ce bldg., etc.)	NJURY OCC	UR?	illiare City, giv	e exact racana	',	
Σ	OF INJURY	(Month) (D	ay) (Year) (Hour) 22E	INJURY OCCURRED	2	2F. HOW DI	D INJURY O	CCUR?			
	(APPROX.)				m. WH		WHILE WORK						
	23.						, out						
	1 certi	ify that I he	eld on l	nquiry 🗌] .	Inspection E A	topsy 🗌	ond that	an this bas	is, death In	my opinian		
	result	ed from: N	atural cau	ses 🔀	Ace	cident Suici	de H	omicide	Undete	rmined mon	ner 🗌		
						. 11		CHIEF MEDIC	CAL EXAMIN				
	ACTUAL	1	MI.			H			CAL EXAMIN			DATE	SIGNED
	SIGNATU		Muss	W.	A	- 1614 M.	J.						
	EXAMINI NAME (T		rvin S	P1a	++	мр	ASSC	CIATE MEDI	CAL EXAMIN	ER 🔲	7.	-31-7	2
24	A. BURIAL CREA		48. DATE	· rra		NAME of CEMETERY	or CREMATO	ORY	24D. LOCATI	ON (City	, town, ar cour		(State)
RE	MOVAL (Specif	(v)						, n.	140, LOCKII	City,	, 10w11, at cour		(Sidie)
	Burial		8-3-7	2		Family Lot			St. Ma	atthew	s Co.,	S.	. C.
25	A. DATE REC'D	ALIC 2	DEPT.	258.	AME C	F REGISTRAP	25C. 1	FUNERAL DI	RECTOR		ADDRESS		

VS 151-REV. 1/1/68

Nutter Funeral Home 3035 W. North Ave

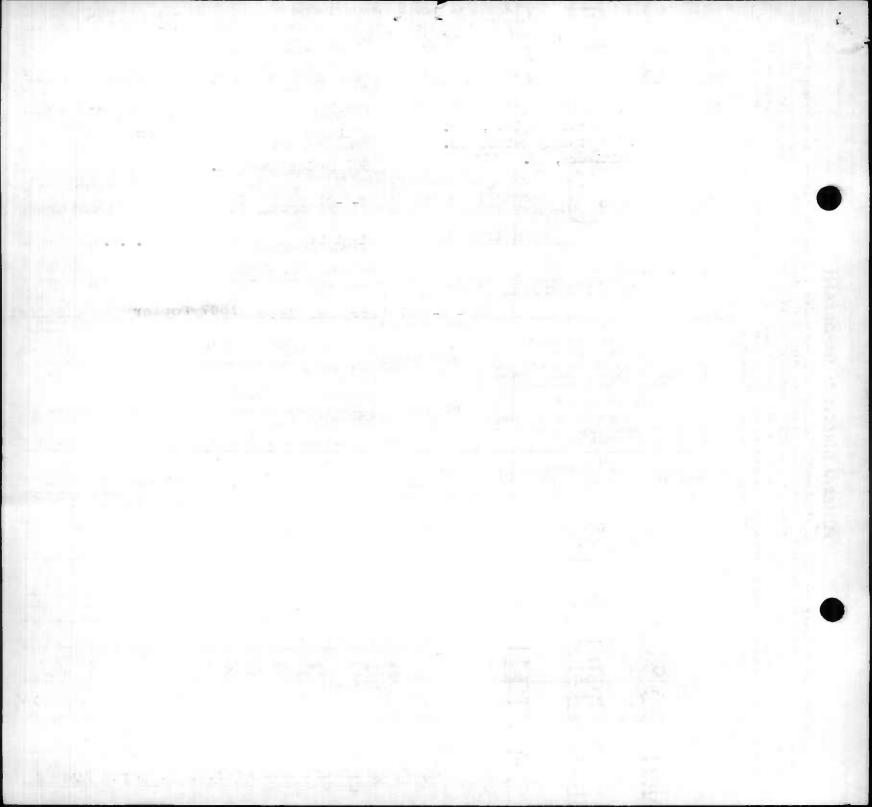
7c. CHIEN IELE . 07 0 CENCELL ENGINEER OF THE LECTORS C 1914 and the

_	111	172 17337 BALTIMORE CITY HEALTH DEPARTMENT 72 07337
0	TED OF	BIRTH NO. CERTIFICATE OF DEATH STATE OF MARYLAND DELIGION OF DEATH STATE OF MARYLAND DELIGION OF DEATH
	- 0 E O	I. NAME OF DECEASED STATE OF MARYLAND DHAH L'DATE AND HOUR OF DEATH (Type of Print)
	of dea Of dea Deceas e on t	Arthur D. Spears / 126/722.45#M M. 3. PLACE IN BALTIMOS / MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE Whose degreesed lived. If institution: residence before odmission)
		A. STATE B. COUNTY
	hospi use o (5) D ance deat	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) D. INSIDE CITY LIMITS?
	caus caus use; (tenda	Ves P
	l in a ng cau cause; attend ior to	Good Samaritar Hospital E. STREET AND NUMBER
	T	660 W, Sanotoga &
		5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months; Doys Hours; Min.
	occu ontri ermi regu easec	Male Negro WIDOWED DIVORCED 7-26-1897 or foreign 75
		done during most of working life, even if retired)
	or or or s it	Presser Cleaners South Carolina USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME USA
	if d (4) U wa the spos	
Z	는 그 사는 다구	Willie Spears Alice Williams 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
A	0 e e i e	(Yes, no or unknown) (If yes, give wof or dates of service) SECURITY NO.
MPORTA	S + T - E IE	No 217-07-5430AMrs. Alice S. Hodnett 702 N. Payson S. CAUSE OF DEATH
	is as any any nced anda	DISEASE OR CONDITION DIRECTLY
Z	Also, Also, and ante med	LEADING TO DEATH
••		(This does not meon the mode of dying, e.g., heort foilure, osthenio, etc. It meons the disease,
OR	iner. actu pro ular mba	injury or complication which coused death.)
CT	C 0 - 0	DISEASES OR CONDITIONS, if ony, giving DOE TO, OR AS A CONSEQUENCE OF:
E	OXO - D	rise to the obove couse (A) stoting the
DIRE	B E	UNDERLYING CONDITION lost. (C)
-4	Did S X E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
RA	TE CO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART 1 (A).
UNERA	chiefy and Body the physicid	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTORSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
5	by by 2) B 2) B 6 tl phy ore	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exoct locotion) home, form, foctory, street, office bidg., INJURY OCCUR?
-	== > = 0	DEATH (notify medical examine) etc.)
	d y y	D 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	hosi natu rept d (6)	OF INJURY (APPROX.) While At Not While At Work A
	brax x e b	22. I certify that (I) (this hospital) attended the deceased from 1/24 19 17 to 7/26 19 /2.
	app fan (fan (e)	that (I) (we) lost sow the deceased alive on 7/26 19 / 2 and that in (my) (our) opinion death occurred on the date
	0 7 0 0 7 7	ond hour and from the couses stated above. (1) (We) (did) (did not) view the body after death.
	eased ident hospite deatl must	23A. SIGNATURE) 23B. DATE SIGNED
		Attending Med. Staff 7/26/72
	s re ac or ov	23C. PHYSICIAT'S NAME (Vype) 23D. ADDRESS
	was r An a L. at prior	DEGREE
	certificate body was r vs: (1) An a D.O.A. at assed prior ten approv	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	body ws: (1) . D.O./ eased	Burial 7-31-72 Arbutus Memorial Park Baltimore Co., Maryland 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRATE 25C, FUNERAL DIRECTOR ADDRESS
	This certificate m the body was reli shows: (1) An acci was D.O.A. at a b deceased prior to	AUG 2 1972 Stalvey In North
	= + 0 > 0 >	VS 150-REV. 1/1/68



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

			BALTIMORE CIT	Y HEALTH DEPARTMENT		72 073	138			
DIFFIL NO	72	0733	8 CERTIFICA	TE OF DEATH	REG. NO	12 010	000			
BIRTH NO.			SALATIS OF	MARYLAND-DHIME	AND HOUR OF DEAT	и				
Type or Print ROSC		KMA		7/2	3/72		M.			
3. PLACE IN BALTIMORE	MARYLAND, WHERE	PRONOUN	CED DEAD		Where deceased lived. II OUNTY	institution: reside	inco before odmission)			
FULL NAME OF (IF HOSPITAL OR AI INSTITUTION D	NOT IN HOSPITAL O	R INSTITUTI	ON, GIVE STREET	Maryland	1		1601			
INSTITUTION Pr	ovident Hos	pital,	Inc.	C.CITY OR TOWN Baltimore	D. IN	YES TO	NO 🗆			
29 26	00 Liberty	Height	Ave.	E. STREET AND NUMBER	R	153 [7]	140			
Ba	Itimore, Md.	• 2121	5	1507 Poplar	Grove St.					
SEX 6. RAC	3471	DOWED -	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years lost birthdoy)	If Under 1 Months Do	Yr. II Under 24 Hrs. Hours Min.			
	(Give kind of work 108,	UND OF B	USINESS OR INDUSTR	8-5-00	foreign country)	12. CITIZEN	OF WHAT COUNTRY?			
lone during most of working l Laborer										
3 FATHER'S NAME	100	onstr	uction	Virginia	NAME	U.S.	L			
Harvey Hick	man			Hannah St.						
		и	6. SOCIAL	IIT. INFORMANT	OOM	Ar	DRESS			
5. Was Deceased Ever in Yes, no or unknown) (If yes,	give war or dates of	service)	SECURITY NO.	THE WILLIAM		71				
No		2		Margaret Hic	kman 1507 P		rove Stree			
18.60713			CAUSE OF DEAT	M-7 - ()	-11		PPROXIMATE INTERVAL			
	CONDITION DIRECTI NG TO DEATH	LY	7 upm	olle synan	me e Wein	ra u	ulsum			
manufacture with the first bed with	n the mode of dyin	g. e.g.	(A) IMMEDIATE CA	A CONSEQUENCE OF:						
heart failure, asthoni	a, etc. It means the n which caused deat	disease,	11.	ay Tract rection unknown						
	EDENT CAUSES	i led	win							
	NDITIONS, if any,	giving	(B) DUE TO, OR A	A CONSEQUENCE OF						
	re cause (A) stati		(c) #5 H	ULITIS PIF	mkum					
2	11	1890	(Mar)	T. T	11.11.1.4		Ĵ,			
TO THE DEATH BUT N	CONDITIONS CONTRIE	RMINAL	Traum	MMM e	CULLY WOO!	mu	ullum			
	TION 198 CONDITION WAS PERFORM	N FOR WH	ICH OPERATION	20A-AUTOPSIR (Yes o	No 208 IF YES, WER	E FINDINGS CO	NSIDERED			
				100	V					
OR CONTRIBUTING DEATH (notify medico	CAUSE OF	home,	ACE OF INJURY (e.g., form, factory, street, a	in or about 21 C. WHERE DII office bidg., INJURY OCCUR	D (II in Bollin	ore City, give ex	oct locotion)			
21D. TIME (Month) (Doy) (Year) (Ho	Patrick	NJURY OCCURRED		INJURY OCCUR?					
(APPROX)		While Work	At Work	i						
22. I certify that (1) (this hospital) att	ended the		7-19	19 / 10	7 2	3 19/2			
	12. I certify that (1) (this hospital) attended the deceased from 19 19 10 19 19 19 19 19 19 19 19 19 19 19 19 19									
and hour and from	and hour and from the couses stated above. (1) (We) (did) (didence) view the body after death.									
23A. SIGNATURE	BA. SIGNATURE 23B, DATE SIGNED									
Attending Med. Stoff Director Phys. 7-33-,							75-12			
23C. PHYSICIAN'S NAME (Type)	DA C	TAN	U.D.	239. ADDRESS	Hospital	Bultim	no W/22/212			
24A. BURIAL CREMATION REMOVAL (Specify)	N, 24B, DATE	24C. NAN	DEGREE		LOCATION	City, town, or co	ounty) (State)			
Burial	7/27/72	Mt.	Auburn Cen	10 PARAL DIRECT	lltimore, 1	aryland	1			
25A. DATE REC'D BY HE		NAME OF	REGISTRAR							
AUG	2 1972	12dia	MANNE	LIET DET CAM	tter-3035	W. Nor	th Ave			
VS 150-REV. 1/1/68		/	1	and the same of th	100					



B-620

72 07339 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO.	72 07339							
A NAME OF DECEASED		Yeor Hour							
(Type or Print ELNORE BROOKS	OF FIRST TO								
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Doy	Year Haur							
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD								
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	7 · 23	1972 10:50a _M							
OK INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: n A. STATE B. COUNTY	residence befare odmissian)							
Lutheran Hosp. (DOA)	Md.	1500							
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY	Y LIMITS?							
female negro WIDOWED DIVORCED	Balto. YES X NO D								
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER								
4-13-1911 last birthdoy) Manths Days Haurs Min.	1611 Thomas Arre								
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF	1611 Thomas Ave.								
WHAT COUNTRY?									
Buckingham Co. Va USA [144. USUAL OCCUPATION (Give kind of world 48. KIND OF BUSINESS OR INDUSTRY	John Holman								
done during most of working life, even if retired)	13. MOTHER S MAIDEN NAME								
Sorter Laundry	Polly Harris								
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na or unknown)(If yes, give war or dotes of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADD	DRESS							
	Harry Brooks-1611 Thomas	Ave							
19. ZZ / CAUSE OF DEA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
Antoniogo1	erotic cardiovascular disease	DETWEEN GROEF KIND DEATH							
LEADING TO DEATH									
(A)IMMEDIALE C	CAUSE AS A CONSEQUENCE OF:								
heart foilure, asthenio, etc. It meons the disease, injury or complication which coused death.)	as a consequence of .								
injury of complication which could be surely									
ANTECEDENT CAUSES (B)									
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:								
I INDERLYING CONDITION LAST.									
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.									
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING									
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).									
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED	21. AUTOPSY? (Yes or No)							
O SALE OF OF SHAREST STATE OF SHAREST VIII	AS TENTONINES	21. 4010/31: (************************************							
	I COLO MILITAR DID MILITAR DID	no							
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB-	in or about 22C. WHERE DID (If in Baltimore City, give exoct to bldg., etc.) INJURY OCCUR?	location)							
UTING ☐ CAUSE OF DEATH.									
DF INJURY (Manth) (Doy) (Yeor) (Hour) 22E. INJURY OCCURRED	22F. HOW DID INJURY OCCUR?								
(ADDROV)	WHILE								
23.									
I certify that I held on Inquiry Inspection X Au	itopsy and that on this basis, deoth in my o	pinion							
resulted from: Natural causes Accident Suicide	de Homicide Undetermined monner								
Tooling Home Land Land	CHIEF MEDICAL EXAMINER								
ACTUAL		DATE SIGNED							
SIGNATUREM.C	ASSISTANT MEDICAL-EXAMINER X								
EXAMINER'S Managin C Diett M D	ASSOCIATE MEDICAL EXAMINER	7-24-72							
NAME (Type) Marvin S. Platt, M.D.	- CONTRACTOR OF THE CONTRACTOR								
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town,	or county) (State)							
	minl Dowle Dolli	147							
25A. DATE REC'D BY HEALTH DEPT. 25B NAME OF REGISTRAR	25 C. FUNERAL DIRECTOR LIMOT CO . AD	DRESS.							
AUG 2 1972 Didney Inhort	Herbert E West								
1 "7 A	Herbert E, Nutter-3035 V	W. North Ave							
VS 151-REV. 1/1/68		. /							

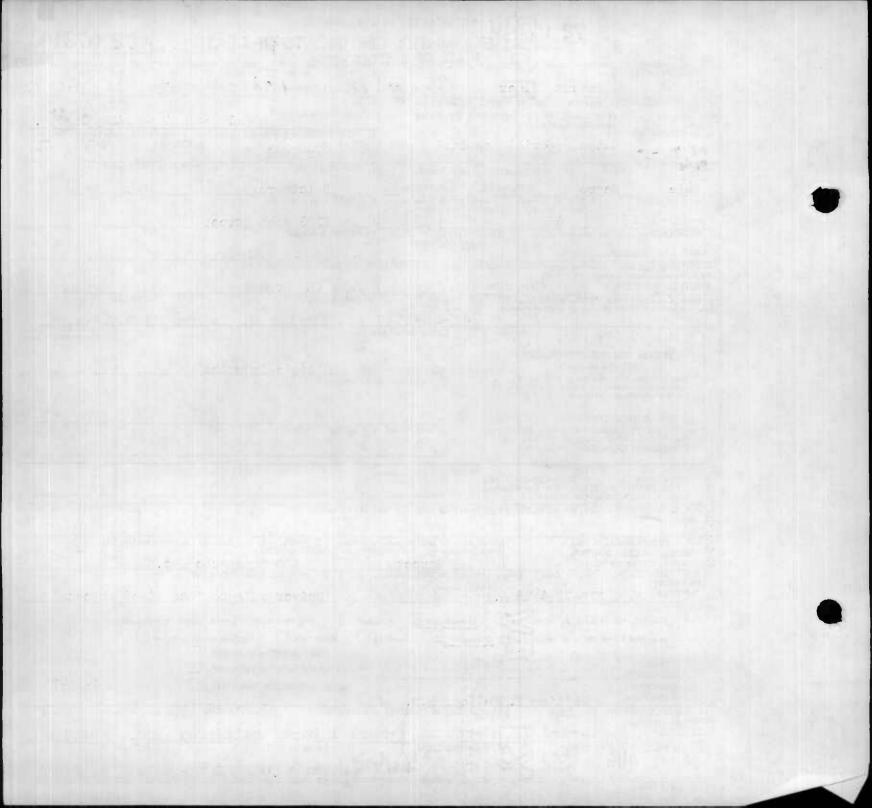
The Control of the Co . On. - Company to little

Markey S. Starte, M. D.

P. 456

BALTIMORE CITY HEALTH DEPARTMENT

	MED	ICAL	E)	CAMINER'S	CERTI	FICATE O	OF D	EAT	н	72	07340
BIRTH NO.				STATE OF MAI	RYLAND-	DHNH			REG. NO.		
1. NAME OF DECEASED					2. DATE	-	N B	Aonth	Day	Year	Hour
(Type or Print)	Robert B	Palmer			DEAT	H Estimoted		7	27	72	1:40 P+
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					3. DATE		N	Aonth	Doy	Yeor	Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)						NOUNCED DEAD		7	27	72	1:40 P. A
						S. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE Maryland B. COUNTY					
6. SEX 7. RACE		8. MARR	IED S	NEVER MARRIED	C. CITY	OR TOWN			D. INSIDE C	ITY LIMITS	7 /
Male Ne	gro	WIDOV			51	Baltimo	re		V	ES 🐷	NO 🗆
9. DATE OF BIRTH	IO. AGE (I	n yeors	H Ur	nder 1 Yr. 11 Under 24 Hr	. E. STRE	ET AND NUMBE					
5-25-1927	45	(Y)	MOIN	is boys inours i will	•	2303 Rol	bb St	reet			
North Carol				TIZEN OF VHAT COUNTRY?		IER'S NAME					
		14R VINIC	OSI	USA INDUS	DA 12 MO.	arence .	Palm	ier			
14A.USUAL OCCUPATION (done during most of working life						TICK S MONIDEIA	HAMIL				
meat packer 16. WAS DECEASED EVER		Goet		CO.		a C. Br	own			DDRESS	
(Yes, no or unknown) (If yes, gl	ve wor or dotes	of service)	SECURITY NO.							
No				245-26-658		Evelyr	N.	Pa]	mer 23	103 R	APPROXIMATE INTERVAL
19.	1.0			CAUSE OF DI	ATH						TWEEN ONSET AND DEAT
DISEASE OR CO	NDITION DIRE	CTLY									
	TO DEATH			(A)IMMEDIAT	CAUSE	Multiple	inju	ries			
(This does not mean heart foilure, asthenia,	the mode of dy	ing, e.g.,		DUE TO, O	RAS A CON	SEQUENCE OF:	1149				
injury or complication	which coused de	olh.)									
AANTECEDE	NT CAUCEC										
	NT CAUSES	V. GIVING		(B)	R AS A COL	SEQUENCE OF:					
DISEASES OR CONE	CAUSE (A) STA	TING THE									
Z UNDERLYING CON	DITION LAST.			, (c)							
E	11										
OTHER SIGNIFICANT OF THE DEATH BUT NO DISEASE OR CONDITION 200A. DATE OF OPERAT	CONDITIONS C NOT RELATED TO ON GIVEN IN P	ONTRIBU THE TERM ART 1 (A)	TING								
20A. DATE OF OPERAT				WHICH OPERATION	WAS PERFO	ORMED				21. AUT	OPSY? (Yes or No)
ō											No
22A. EXTERNAL CAU			22B.	LACE OF INJURY (., In or obo	ut 22C. WHERE	DID (II In	Boltimo	re City, give ex	act location	
UNDERLYING MOR CO			home	, form, loctory, street, of	fice bldg., etc				A		08
UNDERLYING MOR CO UTING CAUSE OF D 22D. TIME (Month)	(Doy) (Yea	r) (Hou	() 2:	Street 2E.INJURY OCCURRE		22E MOMEDII	Rous	yocc	e Ave.	- 1	
OF INJURY				HILE AT CONTRACT	OT WHILE WORK						
(APPROX.) 6	27 72 4	: 25 A	lm. W	YORK A	WORK &	Driver	of a	uto	into fi	xed o	bject
l certify that	I held on	ingulry [Inspection X	utopsy	and that	on this	basis.	death in my	opinion	
resulted from					ide 🔲	Homicide			ned monner		
resulted from	. HOTOTOL COL		7~	CCIGONI DJ 3016	iue 🗀	CHIEF MEDIC			mea monner		
ACTUAL	21	P	12	rullor	1						DATE SIGNED
SIGNATURE		~		N	.D.	SSISTANT MEDIC					= 00 =0
EXAMINER'S				(/	A	SSOCIATE MEDIC	CAL EXA	MINER	Ц		7-28-72
NAME (Type) 24A. BURIAL CREMATION,	Willia 248. DATE	m P.	M11	LLOV. M.D.	Y or CREM	ATORY	24D. LO	CATION	(City, tow	n, or count	ly) (Stote)
REMOVAL (Specify) Burial	8-1-1	072									
				Arbutus Me				ltim	ore C	0., 1	Maryland
25A. DATE REC'D BY HEAL AUG	2 1072		Line	OF REGISTRAR	Y-N	C. FUNERAL DIF					
700	2 1972	, /~.	10	which	Vacan	UTTER F	UNE	RAL	HOME 3	035	W. NORTH
VS 151-REV. 1/1/68	A7 - (A)		Las	11	0		•				1.02(211



W-452

72 07341 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. N BIRTH NO. STATE OF MARYLAND-DHIM	. 72 07341								
NAME OF DECEASED 2. DATE Month Day OF	Year Haur								
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy	Year Haur								
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) PRONOUNCED DEAD July 31, 19 5. USUAL RESIDENCE (Where deceased lived. If institution)	M.								
1212 Whitelock Street A. STATE Maryland B. COUNTY									
6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE	CITY LIMITS?								
Female Negro WIDOWED ☑ DIVORCED ☐ Baltimore	YESAA NO L								
9. Date of Birth 5-8-1878 10. AGE (In years Honder Yr. If Under 24 Hrs. E. STREET AND NUMBER 1212 Whitelock Street									
3 0 1370 Files									
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?									
Maryland WHAI COUNTRY? ? ?									
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME									
dane during mastof warking life, even if retired) Housewife Home Henrietta ?									
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. INFORMANT	ADDRESS								
(Yes, na or unknawn) (If yes, give war or dates af service) No SECURITY NO. 218-58-5240Mrs. Mable Dickerson 1	212 Whitelock St								
CAUSE OF DEATH	APPROXIMATE INTERVAL								
	BETWEEN ONSET AND DEATH								
DISEASE OR CONDITION DIRECTLY Craniocerebral Injuries									
LEADING TO DEATH (A)IMMEDIATE CAUSE	en e								
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease,									
injury or complication which coused deoth.)									
ANTECEDENT CAUSES (R)									
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE									
UNDERLYING CONDITION LAST. (C)									
other significant conditions CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL Hypertensive and arteriosclerotic c	ardiovacoular dicos								
DISEASE OR CONDITION GIVEN IN PART 1 (A).	arurovascular disea								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED to THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. Date of Operation 208. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes ar Na)								
	yes								
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., in or obaul 22C. WHERE DID (If in Baltimare City, give	exact lacation)								
UNDERLYING GOR CONTRIB- UTING CAUSE OF DEATH. Cause of Death.	UNDERLYING FOR CONTRIB. hame, farm, factory, street, office bidg., etc.) INJURY OCCUR?								
UTING CAUSE OF DEATH. Home 1212 Whitelock Stree 22D. TIME (Manth) (Day) (Year) (Haur) 22E. INJURY OCCURRED 22F. HOW DID INJURY OCCUR?									
OF INJURY 7 OC 70									
(APPROX.) 7-20-72 A.M. m. WORK & AT WORK Fell at home									
I certify that I held an Inquiry Inspection Autopsy and that an this basis, death in my apinion									
resulted fram: Natural causes Accident X Suicide Hamicide Undetermined manne	er								
ACTUAL OF CHIEF MEDICAL EXAMINER DATE SIGNED									
SIGNATURE / WALL () Late / M.D. ASSISTANT MEDICAL EXAMINER X	DATE SIGNED								
EXAMINER'S ASSOCIATE MEDICAL EXAMINER 8/1/72									
NAME (Type) Marvin S. Platt, M.D.									
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, In	own, or county) (State)								
REMOVAL (Specify)									
Burial 8-5-1972 Mt. Auburn Cemetery Baltimore	C Maryland								
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	ADDRESS								
AUG 2 1972 Trong who to HITTER FILMERAL HOME	3035_WNORTH_AV								
VS 151-REV. 1/1/68	VVIII AV								

POLICE LAND AND THE REAL PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS symplectics of door lage to the first of the design of Company of the Compan pital and of death Deceased

contributing cause

Such

death.

0

prior

mad

no

attendance

regular

BALTIMORE CITY HEALTH DEPARTMENT 72 07342 CERTIFICATE OF DEATH STATE OF MARYLAND-DEME STATE OF MARYLAND-DEME BIRTH NO. I. NAME OF DECEASED (Type or Print) Partee Levi
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before odmission)
A. STATE

8. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Maryland Provident Hospital, Inc. C. CITY OR TOWN D. INSIDE CITY LIMITS? 2600 Liberty Height Ave. Baltimore E. STREET AND NUMBER YES ... NO Baltimore, Md. 21215 8. DATE OF BIRTH 9. AGE (In years last birthday) 5. SEX 6. RACE MARRIED NEVER MARRIED If Under 1 Yi. If Under 24 His. Hours Male Negro WIDOWED DIVORCED 8-27-00 71
10A USUAL OCCUPATION (Give kind of work 10R, KIND OF BUSINESS OR INDUSTRY 11. BIRTHFLACE (Slole or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Tow Motor Operator Ft. Holibird North Carolina U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Partee Esther McKnight 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (It yes, give war or dates of service) SECURITY NO. 220-18-4168 Sophie Hicksn 4410 Wentworth Road No CAUSE OF DEATH APPROXIMATE INTERVAL TWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the above cause (A) stating the UNDERLYING CONDITION last CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 208. IF YES, WERE FINDINGS CONSIDERED 20A. AUTOPSY? (Yes or No) IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21R PLACE OF INJURY (e.g., in or about 21C, WHERE DID hame, farm, factory, street, affice bldg., INJURY OCCUR? (If In Baltimore City, give exact location) MEDICAL DEATH (notify medical examined (Hour) (Month) (Day) (Year) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While White At (APPROXI Work At Work 22. I certify that (1) (this hospital) attended the deceased from that (i) (we) last saw the deceased alive on and that In (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE 23 B. DATE SIGNED Attending [Phys. Director 23C. PHYSICIAN'S NAME (Typel 23D/ ADDRESS 24A. BURIAL CREMATION, REMOVAL (Specify)

(4) Undetermined cause; (5) deceased isposition E MOS the death E o or final attendance fracture of any pronounced embalmed regular who (3) physician remains the chief medical Was burns; physician the any nature; (2) Body 0 0 before to the hospital °N X obtained 9 (except pup ! of hospital death) he body was released must An accident prior to approval 0 Ö D.O.A. bespesed decease shows: MOS

Burial

VS 150-REV. 1/1/68

Arbutus

Memorial

8-4-1972

NUTTER FUNERAL HOME 3035 W. NORTH AVE

Park

25C. FUNERAL DIRECTOR

LOCATION

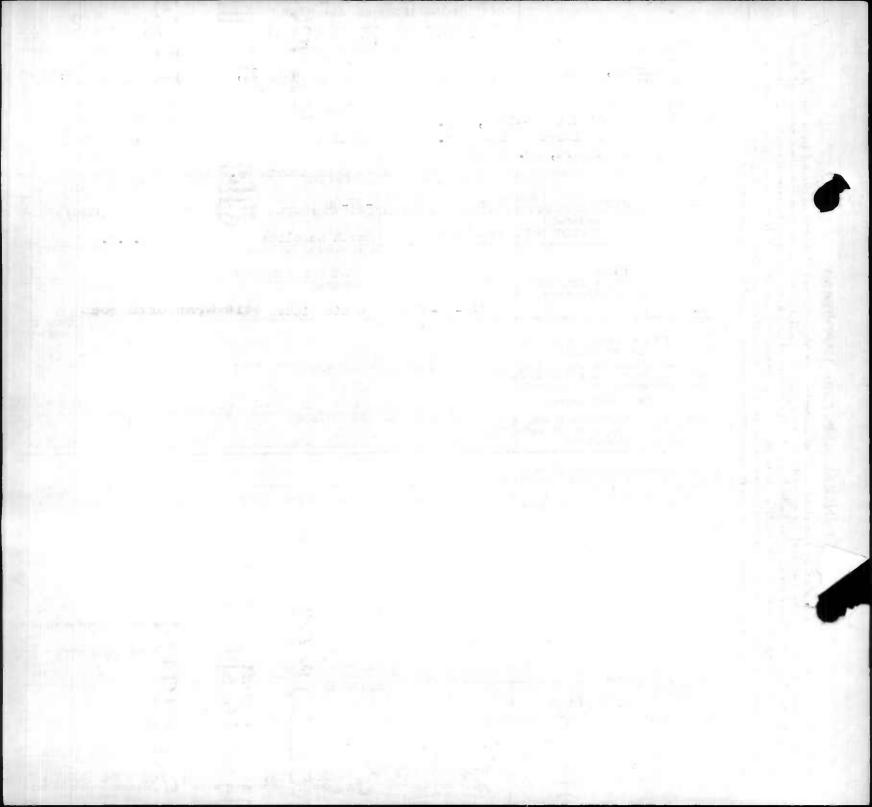
Baltimore

(City,

Co.,

town, or county!

Maryland

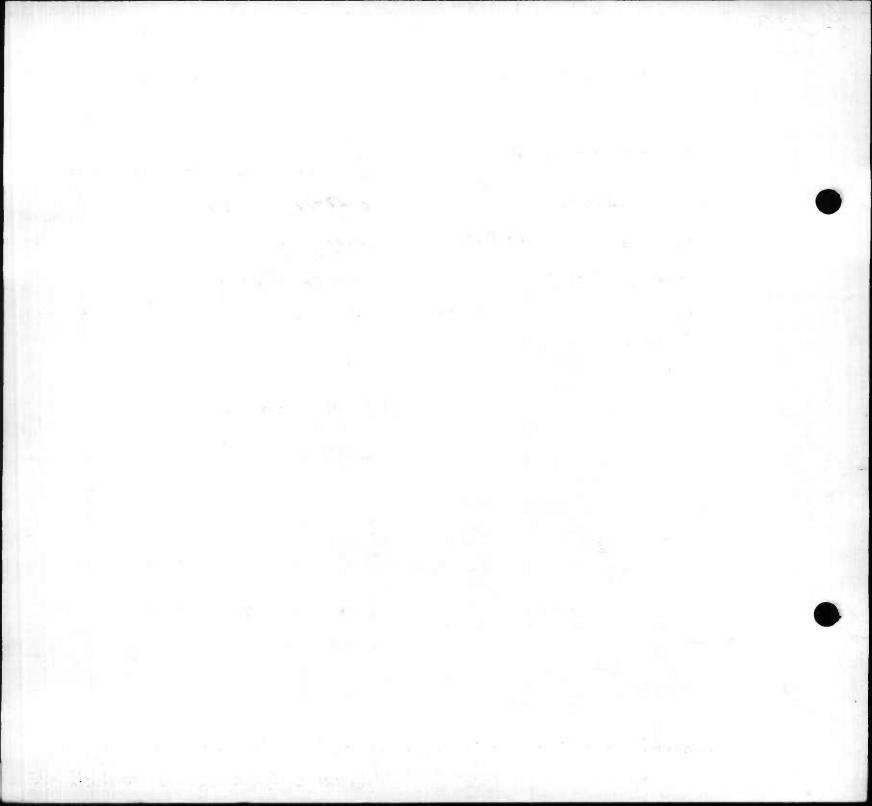


170	() () () () ()	HEALTH DEPARTMENT		72 07343
BIRTH NO.	CERTIFICA	TE PER BEATH	REG. NO.	12 01010
1. NAME OF DECEASED	OTATE OF	2. DATE A	ND HOUR OF DEATH	
LOGGINS	, Mary Agnes	7-	26-72 12:40	ilulian: residence befare admission
3. PLACE IN BALTIMORE, MARTLAND, W	HERE PROMOUNCED DEAD	A. STATE . B. COU	NIT	itulian: residence befare admission!
II IN STITUTION	AL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSID	E CITY LIMITS?
UNIVERSITY H	spital	BAltimore		YES NO T
50 Baltimore, Ma		E. STREET AND NUMBER	10	
			KEAN ST	
Female Negro	7- MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 11-4-09	64	Il Under 1 Tr. Il Under 24 Hrs. Months Days Haurs Min.
10A. USUAL OCCUPATION (Give kind at wark dane during mast of working lile, even if retired)	108 KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or las	eign countryl	12. CITIZEN OF WHAT COUNTRY?
Beautrician	Beauty Shop	Maryland		USA
13. FATHER'S NAME	7	14. MOTHER'S MAIDEN NA	AME	ODII
Joshua Levi Johns	son	Pauline Gar	crett	
15. Was Deceased Ever in U. S. Armed Fare (Yes, na ar unknown) (If yes, give war or dates		17. INFORMANT	Terr	ADDRESS
NO		Torov P To-	aina 2017 :	
18.	CAUSE OF DEATH	reroy b. rog	GIUS SOIL W	IcKean Avenue
DISEASE OR CONDITION DIR	1001			BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAU	SE MASCINE (SI. Bleed	1 6h
this does not meen the mode of heart initiate, bushlento, AMUNE Michael	be disease. DUE TO, OR AS	CONSEQUENCE OF:	**************************************	
injury or complication which caused	death	1101	7	
INTEGEDENT CAUSER	(B) JQ 357 6	E DOWEL	er foration	66
DEREST OR CONSTITUTE OF THE CO	All, giving DUE IO OR AS	CONSEQUENCE OF:		284
UNDERLYING CONDITION TOST	(c) Heat	STROKE XICK im	hesis of Live	R YEARS
7				
OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO THE VICTORY OF THE PROPERTY O	E TERMINAL			
■ IDISEASE OR CONDITION GIVEN IN PART	1 (A).	20A. AUTOPSY? (Yes or N	all 200 45 yes turns six	In the Constitution
19A-DATE OF OPERATION 17R CONE WAS PERFO 21A-ACCIDENT WAS UNDERLYING	DRMED A COLO	1/ms	O) 208, IF YES, WERE FIN	ES OF DEATH?
On CONTRACTOR CONTRACTOR	218 PLACE OF INJURY (e.g., Ir	or about 212. WHERE DID	(If In Boltimore	City, give exact location)
DEATH (notify medical examined)	elc.) iom, factory, street, of	ice bldg., INJURY OCCUR?	None	
OF INJURY (Month) (Dayl (Year)	(Hour 21E INJURY OCCURED	21 F. HOW DID IN.	V	
E (APPROX)	While At Work At Work		la.	
22. I certify that (1) (this hospital)			10 72 . Told	3/
that (1) (we) lost saw the deceased			19 72 to Jaly	
and have and from the causes state		and the	not in (my) (out) objuic	an death accurred on the date
23A. SIGNATURE	de coords (1) (me) (ara) (ara hor) Vi	ew the body after deoth.		BR, DATE SIGNED
(Subanhorst	Atter	ding Med,	Staff Phys.	That some
23C. PHYSICIAN'S	DEGREE Phys.	3D. ADDRESS	Phys. R.J.	1/20/12
MALV VASALILITZ		University &	La catan.	/ /
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CRE		OCATION (City.	four a county)
				town, or county) (State)
	New Cathedral	Cemetery Ba	altimore	Maryland
AUG 2 1972	Lidney John X	w men 1 m	and the state of t	ADDRESS
1000	THE CONTRACTOR	DIFFERERUNE	ERAL HOME 3	035 W. NORTH AV

1 1 1 1 144 14 14 16 14 14 14 SPIT more ME Moses EI Fred Partle Bond Performe Heat state HOK, where at in . more to the acon towns to all with

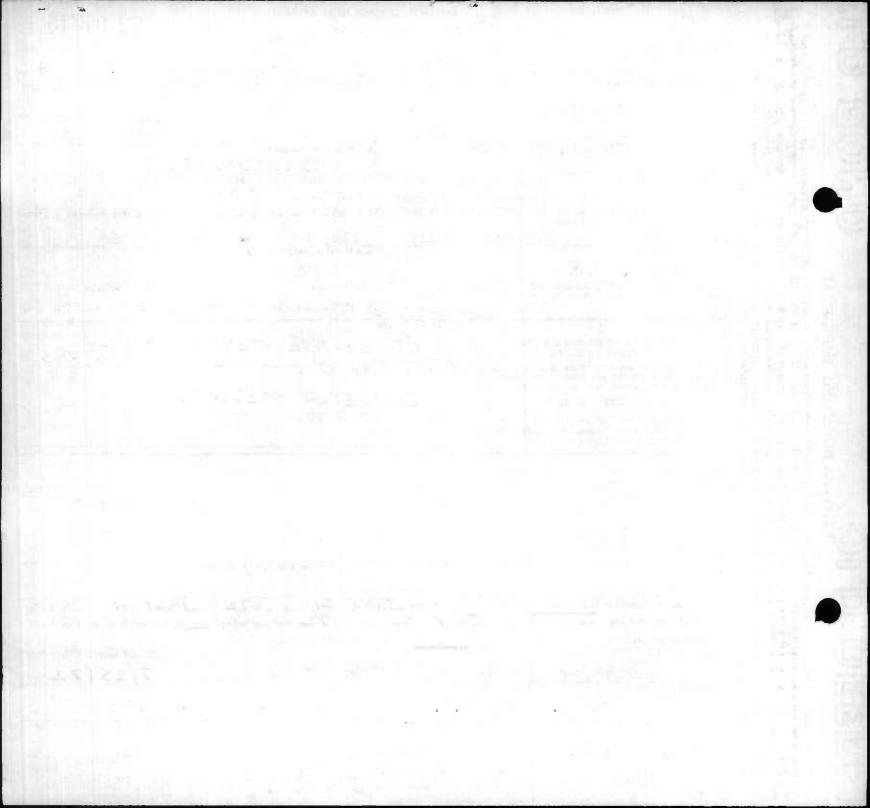
VS 150-REV. 1/1/68

	BALTIMORE CIT	Y HEALTH DEPARTMENT	(1210)
	ORTH NO. 72 07344 CERTIFICA	TE OF DEATH REG. NO. 72	07344
	THAIRE OF DECEASED	MARYLAND - DHMH 12. DATE AND HOUR OF DEATH	
	Type or Pant) Pratte William S.		,7/7/1
	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, Il institution: re	3.35 A. M. sidence before odmission
	FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN	1401
		Bath more yes	MIIS?
	Bon Secours Hospital	E. STREET AND NUMBER	′ 1
	SEX 6. RACE 7. MARRIED WALTER MARRIED	301-Mc Mechen St Apr	t822
	MALE BLACK WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE IIn years III Under Months	1 Yr. If Under 24 Hrs. Days Hours Min.
	OA. USUAL OCCUPATION (Give kind of wark 10B, KIND OF BUSINESS OR INDUSTR) one during most of working life, even if refired)	11. SIRTHPLACE (State or loreign country) 12. CITIZ	EN OF WHAT COUNTRY
	Retired WAITER	Virginia	
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Solomon Prott	Nancy Spains	
100	S. Was Deceased Ever in U. S. Armed Forces? (es, na or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANY	ADDRESS
	NO 216-07-743	MAS MARY E. PRATT 301 Mc	Mechen St
	18. 40 9 G CAUSE OF DEAT	Н	APPROXIMATE INTERVAL
\parallel	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		ETWEEN ONSET AND DEATH
	(This does not meen the mode of dying, e.g., (A) MMEDIATE CA		1-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7
	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	A CONSEQUENCE OF: failcu.	
	ANTECEDENT CAUSES	tificial passmaker	
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:	
	nise to the obave cause (A) stoling the UNDERLYING CONDITION last, (C)		
	11		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO ISEASE OR CONDITION GIVEN IN PART 1 (A)		
	DISEASE OR CONDITION GIVEN IN PART 1 (A). 194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINDINGS (CONSIDERED
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	NO IN CERTIFYING CAUSES OF D	EATH?
11	OP CONTRIBUTING CALLER OF	n ar obout 21C, WHERE DID (If In Baltimore City, give	exoct locotion)
140			
1024	OF INJURY	21F. HOW DID INJURY OCCUR?	()
	Work LI At Work		1
	22. I certify that (I) (this hospital) attended the deceased from		19_72_
	that (1) (we) last sow the deceased alive on 9.20.	19_72and that in(my) (our) opinion death	occurred on the date
	and hour and from the causes stated above. (I) (We) (did) (did not) v		CICNED
	Bhargave Ma	nding Med. Shaff Fintern 23B. DATE	_ / 1/1/2
	23C. PHYSICIAN'S NAME Type:	23 D. ADDRESS	Longave.
	po yanzalez		
2	A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CRI	MATORY 24D. LOCATION 1City, town, or	county) (State)
	Burial 6-05-72 Arbutus Memori	100	LANJAND
2	A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAN	25C. FUNERAL DIRECTOR	ADDRESS
	AUG 2 1972 Hidney Inhorton	HEREST E. NUHER 3035-37 W	. Ninth AVE



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY	Y HEALTH DEPARTMENT
BIRTH NO. 72 07345 CERTIFICA	TE OF PEATH REG. NO. 72 07345
I, NAME OF DECEASED	
(Type or Print) BANKINS, Marion	B. JULY 25,1972 5:15 A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSMTAL OR INSTITUTION, GIVE STREET HOSMTAL OR INSTITUTION	MARYLAND C. CITY OR TOWN D. INSIDE CITY LIMITS?
THE JOHNS HOPKINS HOSPITAL	BALTIMORE YES NO
SS BALTIMORE, MD 21205	E. STREET AND NUMBER
5. SEX 6. BACE 7. MARROURD 1 AUGUST AND DESCRIPTION OF THE PROPERTY OF THE PRO	2003 DUKELAND STREET
MARKED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. If Under 24 Hrs. Months; Days Hours; Min.
FEMALE NEGRO WIDOWED DIVORCED INC. USUAL OCCUPATION (Give bird of work 10 B, KIND OF BUSINESS OR INDUSTRY	00-27-94 77
done during most of working life, even if retired)	11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY
Domestic Private Family	Valley Lee, Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
THOMAS JORDAN	IRENE CARTER
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (((yes, give wor or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
No 214-28-4155-	A Mrs. Irene Mallory 2003 Dukeland St
18. 2 5 0 DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	IBESTIVE HEART FAILURE
(A)IMMEDIATE CAU	ISE 10 YRS.
heart failure, asthenia, etc. It means the discose,	A CONSEQUENCE OF
injury or complication which caused death.)	ABETES MELLITUS IVO
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS rise to the above cause (A) stating the	A CONSEQUENCE OF:
UNDERLYING CONDITION lost	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OF CONDITION GIVEN IN PART 1 (A).	20A-AUTOPSYZ (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
U 21A ACCIDENT WAS UNDERLYING 21B PLACE OF INJURY (e.g., in	n or obout 21C. WHERE DID (II In Boltimore City, give exect location)
OR CONTRIBUTING CAUSE OF home, form, (octory, street, of DEATH (notify medical examined)	fice bldg. INJURY OCCUR?
O 21D. TIME (Manth) (Day) (Year) (Hourt 216 INTITION OCCUPANT)	21F. HOW DID INJURY OCCUR?
E OF INJURY While At Not While	
22. I certify that (1) (this hospital) attended the deceased from TC	
that (1) (we) lost sow the deceased alive on 1424	19 72 ond that In(my) (our) opinion death occurred on the date
ond hour and from the causes stated above. (1) (We) (dld) (dld not) v	
23A. SIGNATURE	23 L DATE SIGNED
	nding Med. Stoff 7/25/72
JAMES K. BROWN M.D.	THE JOHNS HOPKINS HOSPITAL
DEGREE 244- BURIAL CREMATION, 248, DATE 24C. NAME of CEMETERY OF CRE	
KEMO VAL ISPECITY	
Burial 7/29/72 New Cathedral C	emetery Baltimore, Maryland
AUG 2 1972 Didney Inhorton	Herbert Nutter-3035 W. North Ave
VS 150-REV. 1/1/68	NOI LIL AVE



of death cause; (5) Decease 0 a hospital ance Cause 0 atten prior contributing etermined made regular deceased disposition Und SD <u>4</u> eath LO attendance any 0 pronounce embalmed gular ho 10 are remains the chief medical Was physician Body 8 before 3 ere to the hospital 0 nature; 3 obtained 9 (except and any of 0 eath) the body was released must hospit accident O 0 written approval O prior to deceased O shows: 0

SD M

BALTIMORE CITY HEALTH DEPARTMENT 72 07346 BIRTH NO. I. NAME OF DECEASED D. DATE AND HOUR OF DEATH (Type or Print) 7-31-72 JAMES HAMMETT 10:30 AM 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Md. Baltimore CITY OR TOWN D. INSIDE CITY LIMITS? HILTON NURS ING HOME Baltimore YES NO 3313 Poplar Street E. STREET AND NUMBER Baltimore, Maryland 2755 Rayner Ave. 21216 S. SEX 6. RACE B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. 7. MARRIED NEVER MARRIED Hours WIDOWED DIVORCED 5-6-90 10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Painter St. Mary's Co. Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Martin L Hammett Bowen Clara J. 15. Was Deceased Ever in U. S. Armed Farces? 17. INFORMANT 6. SOCIAL Mt. Airy, MR. 21771 (Yes, no or unknown) (If yes, give war ar dates of service) SECURITY NO. Yes We Marie E. Hammett, 1910 Long Corner Rd. 219-12-8498-A W.W. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, giving la the above couse (A) slating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 198. CONDITION FOR WHICH OPERATION 19 A. DATE OF OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, form, factory, street, affice bldg., INJURY OCCUR? (If in Baltimare City, give exact location) MEDICAL DEATH (notify medical examined etc.) 21 D. TIME (Month) (Day) (Yearl (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that (1) (this haspital) attended the deceased from ond that in (my) (our) opinion death accurred on the date and haur and from the causes stated above. (1) (#e) (did) (did not) view the body after death. 23A. SIGNATURE 23B, DATE SIGNED Attending Director 2 Phys. 23C. PHYSICIAN 23D. ADDRESS NAME (T 24A. BURIAL CREMATION, DATE 24C, NAME of CEMETERY OF CREMATORY REMOVAL (Specily) Howard Chapel Long Corner, Md. 25C. FUNERAL DIRECTOR ADDRESS Olin L. Molesworth, Damascus, Md. VS 150-REV, 1/1/6B

8-8-1972 - Correction Letter from Olin L. Molesworth Funeral Home, 26401 Ridge Road, Damascus, Maryland 20750 - signed by Olin L. Molesworth. HRS

details inthome are a silly

IMPORTANT **DIRECTOR:** FUNERAL

VS 150-REV. 1/1/68

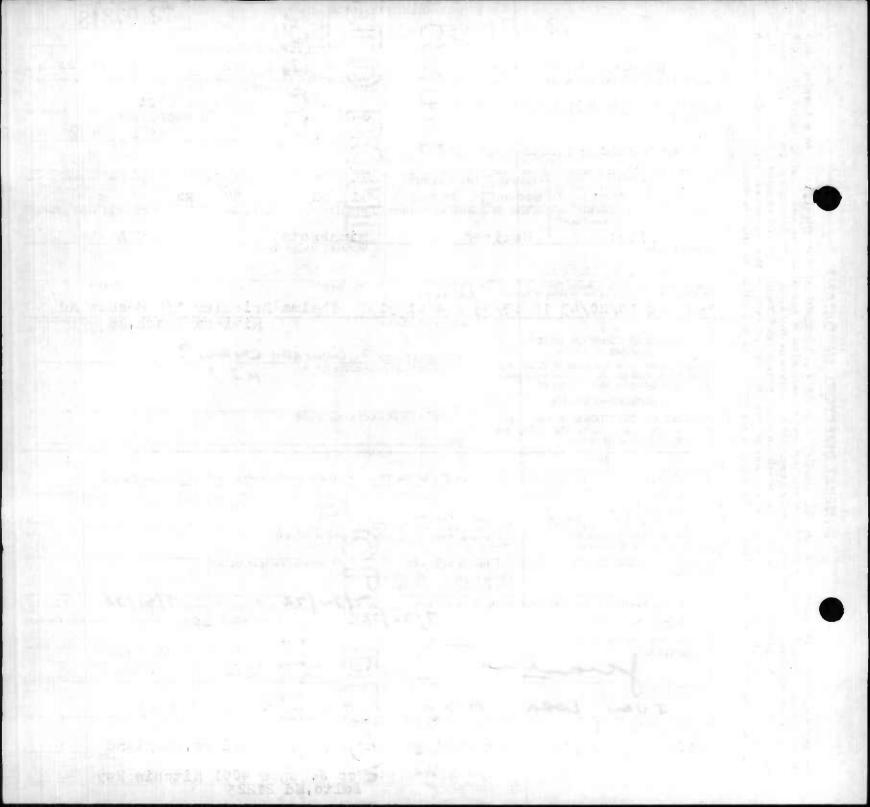
4:45 p. m. M. D. INSIDE CITY LIMITS? NO P If Under 1 Yr. Months; Days If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? United States ADDRESS 113 Weldon Road 21226 Geisselman 128 Greenland Beach

APPROXIMATE INTERVAL
BETWEEN ONSET AND DEA RIC. 9 months 208, IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exact location) and that in (my) (our) apinion deoth occurred on the date 238, DATE SIGNED 7/31/72 500 W. University Parkway, Balt. Md. 21210 (City, town, er county) (State) Baltimore, Maryland

A CONTRACTOR TABLE AND ME TO THE STORM OF THE ANALYSIS OF THE STORM

FUNERAL DIRECTOR: IMPORTANT	K
This certificate must be approved by the chief medical examiner or his assistant if death cearred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	of death Second of the Such Th. Such

harbs and	BALTIMORE CITY	HEALTH DEPARTMENT		72 07348					
72 0'	7348 CERTIFICA	TE OF DEATH	REG. NO	15 0104Q					
BIRTH NO. 1. NAME OF DECEASED	STATE OF N	ARYLAND-DHMH	AND HOUR OF DEATH						
(Type or Print) KRICKLER, HERN		2.04.6	1	1 12.25					
3. PLACE IN BALTIMORE MARYLAND, WHERE P		114 USUAL RESIDENCE IV	W 1 / 1	1 < . 25 A.M.					
The state of the s	KONO ON GLO DEND	A. STATE B. CC	UNTY						
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	Maryland	Anne Aru						
HOSPITAL OR ADDRESS OF LOCATION		C. CITY OR TOWN		IDE CITY LIMITS?					
77		Rivera Bea		YES NO Y					
The Johns Hopkins	Hospital								
		159 Meador							
Male Cauc.	RRIED X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost bighdoy)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.					
WIDC	OWED DIVORCED	12/03/04	67 88						
10A, USUAL OCCUPATION (Give kind of work) 10B, KII done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	foreign country)	12 CITIZEN OF WHAT COUNTRY					
	etired	Minnesota		USA					
13. FATHER'S NAME	o ozred	14 MOTHER'S MAIDEN	NAME	UDA					
Frank Krickler		7 7 7	Dunn						
	II 6- SOCIAL	Ada I	Dulli	ADDRESS					
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of se									
Yes WW2 1.0/20/43 1.0/	1.3/45 21.4 01. 3	1.97 Thelma	Krickler 1.	59 Meadow Rd					
18. 170-41	CAUSE OF DEAT	Н	Riviera B	each Midroximate Interval					
DISEASE OR CONDITION DIRECTLY			. ^						
LEADING TO DEATH	(A)IMMEDIATE CAI	ISE ? ULMON AR	Y EMBOLI".						
(This does not mean the mode of dying,	This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF: TO THE TOTAL TH								
injury ar complication which caused death.	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)								
ANTECEDENT CAUSES	ANTECEDENT CAUSES								
DISEASES OR CONDITIONS, if any,	DUE TO, OR AS	A CONSEQUENCE OF:							
rise to the above cause (A) stating	the								
UNDERLYING CONDITION lost.	(c)								
, 11									
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 [A], 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TING HETASTA	ric FIBRODAN	COMA OF (D)	HUMERUS					
DISEASE OR CONDITION GIVEN IN PART 1 (A).									
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	POR WHICH OPERATION	20 AUTOISTITUES OF	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?					
U 21A ACCIDENT WAS UNDERLYING	TABLE PAIN								
OR CONTRIBUTINO CAUSE OF	218. PLACE OF INJURY (e.g., home, farm, factory, street, o	fice bidg. INJURY OCCUR	2 (it in boilimo	re City, give exact facotion)					
DEATH (notify medical examined	etc.)	Harris and the							
OF INJURY (Month) (Doy) (Year) (House			INJURY O CCUR?						
(APPROX)	While At Work At Work	0 🗆							
22 I continue to (I) (able bogotest) exten		7/20/72	19to	7/3//72 19					
22. I certify that (I) (this hospital) atten	e on 7/33	/~ - '							
that (i) (we) last saw the deceased alive		•		inian death occurred on the dat					
and hour and fram the causes stated abo	ove. (1) (We) (did) (did not)	view the bady after dea	th.						
23A. SIGNATURE				23B, DATE SIGNED					
neut		ending X Med.	Staff Phys.	7/31/72					
23C. PHYSICIANS NAME (Type)	DEGREE	23D. ADDRESS							
1 - 0	M.D	The Johns	Hopkins Ho	spital					
	DEGREE 24C. NAME of CEMETERY OF CR		_	ity, town, or county) (State)					
REMOVAL (Specify)	ETOILITHING OF GENTLERI OF GR	ATTICITY 24L	A LOUNIUM (O	ing waite or coomy; (310)er					
Burial 8/3/72	Meadowridge (emetery	Elkridge, M	laryland					
	ME OF REGISTRAR	25C. FUNERAL DIREC	10R	ADDRESS					
Alig 2 1972	relief whork	Geo J. Gon	ce: 4001. Rit	chie Hwy					
VC 150 051/ 1/1//0	2 1	The state of the s	24725						

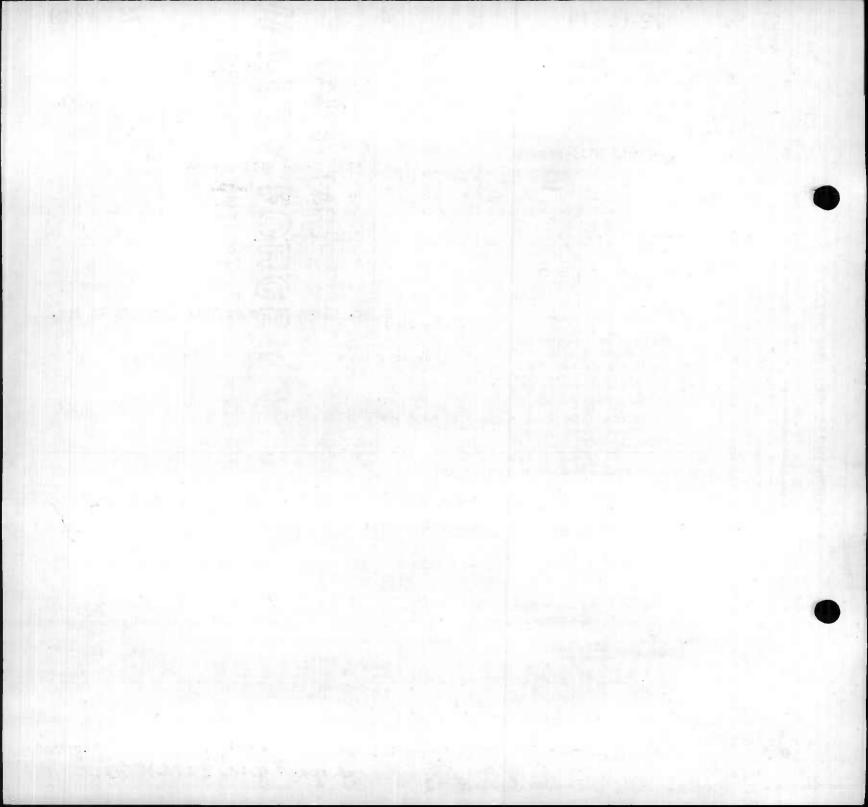


	72 (17349 BALTIMORE CITY	Y HEALTH DEPARTMENT 72 07349
	CERTIFICA	ATE OF DEATH REG. NO.
	AME OF SEELASES MARYLAND-DHMH	2. DATE AND HOUR OF DEATH
	e or Print) Vera M. Broom	
3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	July 24, 1972 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admiss
	THE PROPERTY OF THE PROPERTY O	A. STATE B. COUNTY
	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland / 0 2
	TITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
9		Baltimore YES NO
	1102 Druid Hill Avenue	
5. S	EX 6. RACE 7. MARDIED W AIRVED MARDIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr If Under 24
J. 3	WAKKIED X IVEA EK WAKKIED	lost highbory A Manthsi Days Hours Mi
	male Negro WIDOWED DIVORCED	
	. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY e during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTY
	Housewife	Baltimore, Md. W. S. H.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	MAJOR RUSS	TIA
15.	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes	s, no or unknown) (If yes, give war ar dates of service) SECURITY NO.	
	Pa	Mr. Clarence Jones 1019 Springfield Ave.
	18. CAUSE OF DEAT	APPROXIMATE INTERV BETWEEN ONSET AND D
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	:
	(This does not mean the made of dying, e.g.,	JUSE Left Conologo / Hamminge 2doy-
	healt failure, asthenia, etc. It means the disease, injury at camplication which caused death.)	6 A CONSEQUENCE OF:
	ANTECEDENT CAUSES HIM DAT	Enguis Corola inscentor Disense / Yx
	DISEASES OR CONDITIONS, if any, giving DUF 10, OR AS	S A CONSEQUENCE OF:
	rise to the above cause (A) stating the	
	UNDERLYING CONDITION last. (C)	
7		
ATIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	100 Tempers time (Worther constitions)
CERTIFICA	198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY (Yes at No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
AL CE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, factory, street, of etc.)	in ar about 21 C. WHERE DID (If in Boltimore City, give exact location) office bldg, INJURY OCCUR?
EDIC	21 D. TIME (Manth) (Doy) (Year) (Haur) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
ME	OF INJURY While At Not Whi	ile 🗂
	(APPROX.) Wark At Wark	
	22. I certify that (1) (this hospital) attended the deceased from	1/24/1/19 10 1/24/72 19
	that (1) (we) lost sow the deceased alive on 9-74-11	ond that in (my) (our) opinion death occurred on the
	and hour and from the causes stated above. (1) (We) (did) (did not)	view the body ofter death.
		•

Attending Phys. Med. Director D Staff Phys. 23C-PHYSICIAN'S NAME (Type) 23D. ADDRESS 24A. BURIAL CREMATION, REMOVAL (Specify) 24D. LOCATION (State) (City, town, or county) Maryland North ave, Park Arbutus,

Sc. FUNERAL DIRECTOR

Seph H. Kues 2 Burial 7 -27-



72	07350)
-		-

1	STATE OF MARYLAND DIDITION CITY HEALTH DEPARTMENT
B-152	72 07350 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 72 07350
	1. NAME OF DECEASED ((Type or Print)) MARY BEVINS AKA Bevans DEATH Settimated Month Day Year Hour OF DEATH Estimated M.
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) 3. DATE Manth Day Year Hour PRONOUNCED DEAD 7 22 1972 11:40a M.
15	1330 Fremont Ave. 5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE Md. B. COUNTY
	6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMITS? Female negro widowed Divorced Balto.
	9. DATE OF BIRTH 10. AGE (In years last birthday) 10. AGE (In years last birthday) 40
	11. BIRTHPLACE (State ar fareign country) 12. CITIZEN OF WHATCOUNTRY? 13. FATHER'S NAME
	14A.USUAL OCCUPATION (Give kind of work) 4B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME dane during mast of working life, exploit retire () Line of the contraction of the c
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar unknown) (If yes, give war or dates of service) 17. SOCIAL SECURITY NO. 219-01-9496 Mrs. Clare Desson 3407 Hillow Rds
	ODISEASE OR CONDITION DIRECTLY CAUSE OF DEATH Fatty metamorphosis of liver APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Fatty metamorphosis of liver
	LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. it meons the disease, injury or complication which caused death.)
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHER DEATH BUT NOT RELATED TO THE TERMINAL
	Disease or Condition Given in Part 1 (A). 20A. Date of Operation 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) yes
	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- Hame, farm, factory, street, office bldg., etc.) UTING CAUSE OF DEATH.
	22D. TIME (Manth) (Day) (Yeor) (Haur) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY (APPROX.) WHILE AT NOT WHILE AT WORK 22F. HOW DID INJURY OCCUR?
	23.
	ACTUAL SIGNATURE MANY A PLATE M.D. ASSISTANT MEDICAL EXAMINER X DATE SIGNED
	EXAMINER'S NAME (Type) Marvin S. Platt, M.D. ASSOCIATE MEDICAL EXAMINER 7-23-72 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, 1949, or county) (Sigle)
	REMOYAL (Specify) 731-72 Mt. Wichem Cem, Wistport Bullium) Md. 25A. DATE REC'D BY HEALTH BEPT. 125 NAME OF RESIDENCE ARE 25C FUNERAL DIRECTOR ADDRESS 21217
	AUG 2 1972 Transform of South S. Russ 2012 Whathau

committee and the little

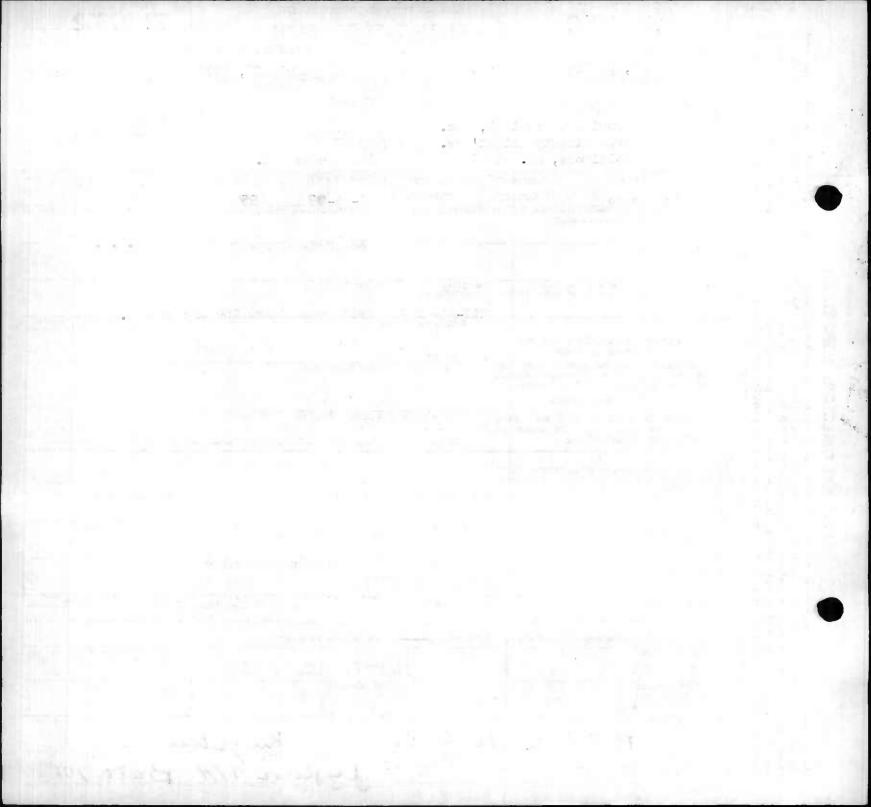
FUNERAL DIRECTOR: IMPORTANT

72 07351 STATE OF MARYLAND-DHAH
CERTIFICATE OF DEATH PEG NO 72 07351 pital and of death Deceased BIRTH NO Suc (4) Undetermined cause; (5) Decease I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 0 UENC hospital death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before A. STATE

B. COUNTY ance cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 32170 ml C. CITY OR TOWN attend 0 9 D. INSIDE CITY LIMITS? NO YES 7 prior contributing E. STREET AND NUMBER occurred regular 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In years deceased is ma 7. MARRIED NEVER MARRIED If Under 1 Yr. Months! Doys If Under 24 His. last birthday Hours WIDOWED DIVORCED 10A. USUAL OCCUPATION Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State at fareign country 12. CITIZEN OF WHAT COUNTRY? death 2 isposition done during most af warking life, even if retired) or Was the 13. FATHER'S NAME direct 4. MOTHER'S MAIDEN NAME lenknown assistant death 0 0 kind; 15. Was Deceased Ever in U. S. Armed Forces? (Yes.na ar unknown) (If yes, give war at dates af service) 6. SOCIAL 17. INFORM AN ADDRESS final SECURITY NO. attendance 10any CAUSE OF DEATH pronounced 0 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE ON CONDITION DIRECTLY embalmed fracture of LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease. regular injury or camplication which caused death.) ANTECEDENT CAUSES who Ano are 4 DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF risa to the above cause (A) stating the 3 = physician UNDERLYING CONDITION last before the remains medical Was burns 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING EMPHYSEMA (6) No physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). any nature; (2) Body the 198 CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 20A. AUTOPSY? (Yes or Na) 0 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where 218. PLACE OF INJURY (e.g., in ar obout 21 C. WHERE DID home, farm, factory, street, affice bidg., INJURY OCCUR? (If In Boltimare City, give exact lacation) hospital MEDICAL DEATH (natify medical examined by obtained 21 D. TIME OF INJURY (Manth) (Day) (Year) 21 & INJURY OCCURRED (Hous 21F. HOW DID INJURY OCCUR? approved (except Not While While At (APPROX.) and Wark Al Wark to the 22. I certify that (1) (this hospital) attended the deceased from 19 that (1) (we) last saw the deceased alive on. pe ____19____ and that in (my) (our) opinion death occurred on the date death) accident of hospital the body was released shows: (1) An accident must and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 238 DATE SIGNED Attending [Med. Staff prior to aurusa approval Phys. Director Phys. 8 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS ata LEMING ME LAWRENCE D.O.A. DEGREE 24A. BURIAL CREMATION, 24B. DATE eceased CEMETERY OF CREMATOR 24D. LOCATION (Stote written Was 25A. DATE REC'D BY VS 150-REV. 1/1/68

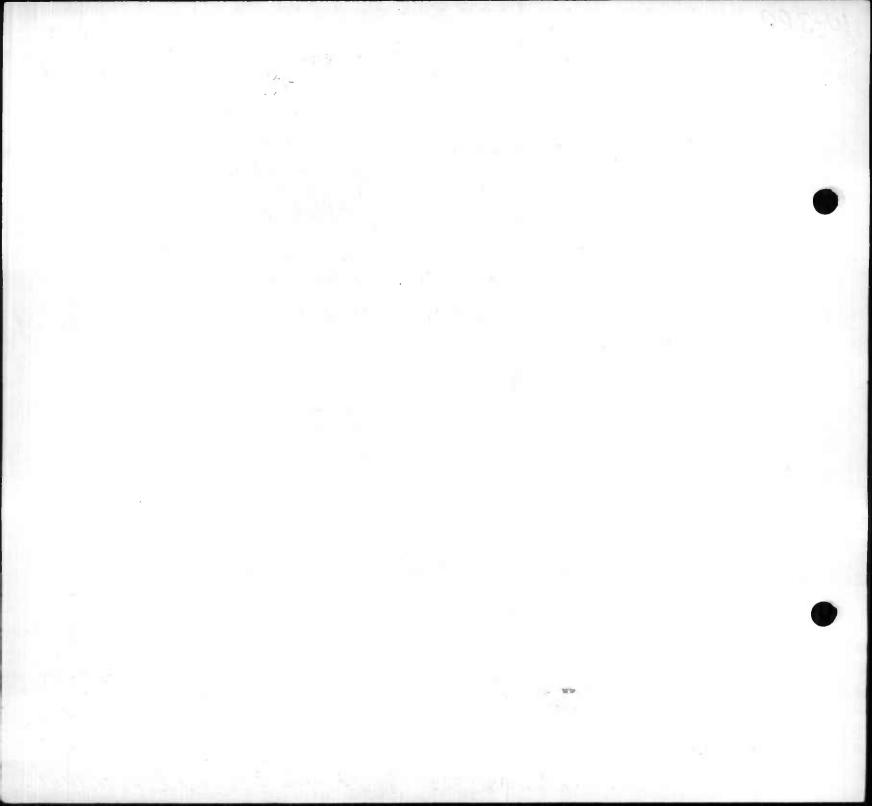
10/11/72-Operation performed 7/18/72 Letter frome lineversity Hoop-Filed in Bur. of Biostatiste to ge. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	17	2 07352			HEALTH DEPARTMENT		72 07352		
BIRTH I	NO.	E 07000	TATE OF	MARYELVIDUDINA	TE OF DEATH				
Type o	E OF DEC	ps./Nellie	(Mell	(6:		AND HOUR OF DEATH			
3. PLA		MORE WARTLAND, A	101	INCED DEAD	4. USUAL RESIDENCE IV	There deceased lived. If	institution: residence before odmission		
FULL N HOSPIT	NAME OF			ITION, GIVE STREET	Maryalnd C.CITY OR TOWN		SIDE CITY LIMITS?		
3	39	Provident 2600 Liber Baltimore.	ty Heigh	t'Ave.	E STREET AND NUMBER 1604 McKean		YES NO NO		
5. SEX		6. RACE	7- MARRIED		8. DATE OF BIRTH	9. AGE (in years last birthday)	If Under 1 Ys. If Under 24 Hrs. Months Days Hours Min.		
IOA. US	UAL OCCU	Negro FATION (Give kind of wor rorking life, even if refired)	WIDOWED	DIVORCED	7-16-07	65	Months Days Hours Min.		
13. FAT	HER'S NAA	AE			14 MOVHERS MAIDEN	NAME	U.S.A.		
15. Was (Yes, no	Deceased or unknown)	Ever in U. S. Armed Fo lif yes, give war or dat	ices? es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
118.	5 F	2 2 1		247-84-2847 CAUSE OF DEAT	Fred Green (SON) 1604 Mcl	Can St APPROXIMATE INTERVAL		
		E OR CONDITION DI LEADING TO DEATH	RECTLY	Chum	ic Fenal Fail	une à liver	wia wheren onset and death		
he	art failure, ury or com	of mean the mode of asthenia, etc. It means plication which causes INTECEDENT CAUSE:	the disease,	(A) MAMEDIATE CAL DUE TO, OR AS	a consequence of:	vascular Dis	rece & C.H.F unleuner		
eis	SEASES O	R CONDITIONS, if above cause (A) CONDITION last.	any, giving	(c) DUE TO, OR AS	sa consequence of: Unleupur				
V DIS	THE DEAT	CANT CONDITIONS CO H BUT NOT RELATED TO ONDITION GIVEN IN PA	THE TERMINAL RT 1 (A).	4800000					
CERTIFIC 194	DATE OF	OPERATION 198 COI	IDITION FOR V	YHICH OPERATION	20A AUTOPSY? (Yes of	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?		
OR	CONTRIBU	IT WAS UNDERLYING TINO CAUSE OF medical examined	NO etc.	e, farm, factory, street, o	in or about 21C WHERE DIE ffice bidg. INJURY OCCUR	(If In Baltim	ore City, give exact location)		
1 4 OL	INJURY PPROXI	(Month) (Day) (Year		INJURY OCCURRED Not Whith At Work	le 🗀	INJURY OCCUR?			
22.	. I certify	that (1) (this hospita	l) attended t		7-12	_19 72 to	7-2/ 1972		
		last saw the deceas		/			pinion death occurred on the date		
			ited obove. (I) (We) (did) (did not)	view the body after dea	th.			
23/	234 SIGNATURE Attending Med. Stoff M 7-27-72 Attending Med. Director Phys. M								
234	NAME IT	10 PA C. 7	AN, M	D. DEGREE		spital, Ba	Stimme, lad 21215		
R	URIAL CRE	B 7/34	172 CM	wil Ce		Lingstre	City, town, or county! (State)		
F	AUG Z	1972	258. NAME C	Norton	25C. FUNERAL DIRECT	TOR OFIH	Bath Ml		
V\$ 150	-REV. 1/1/	68			A				

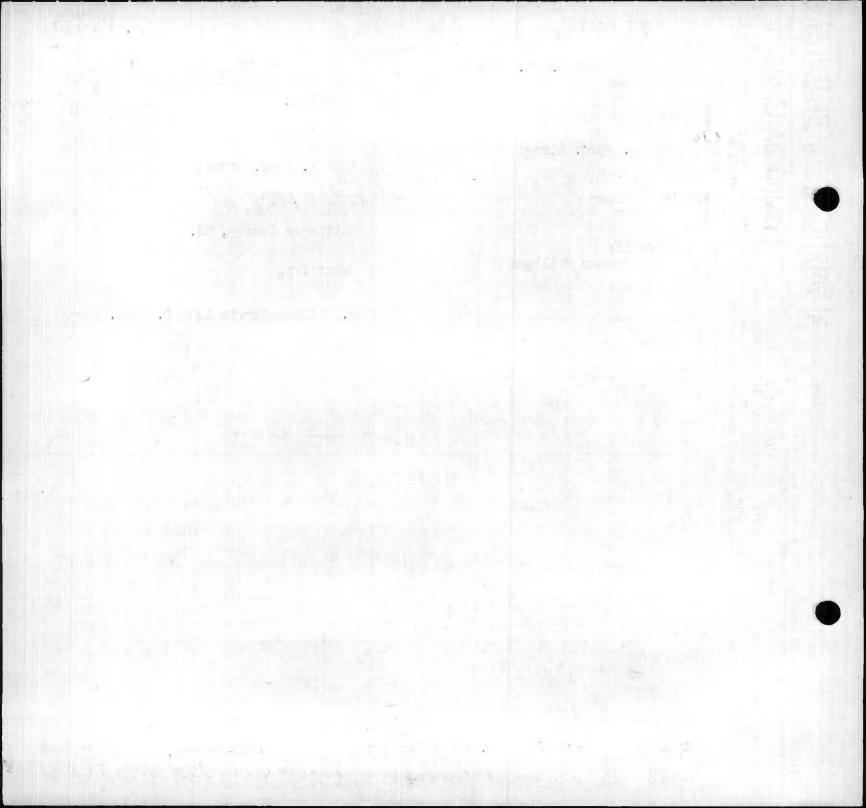


W-30

		PARTIMONE CIT	HEALIN DELYKIMENI		
	H NO. 7207354	CERTIFICA	TE OF DEATH	REG. NO. 72	7354
	ame of Deceased Lillian	Wrat-	2. DAJE AND	HOUR OF DEATH	1 7° 70 A
3. PL	ACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (Where		residence before admission
HOS	L NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	C. CITY OF JOWN,	D. INSIDE CITY	1702
15	Maryland Gene	eral Hasp.	E. STREET AND NUMBER	res [NO [
5. S p	N 16 9486	V	1338 NX	ud Hell	leve!
1	emale negro wind	RRIED NEVER MARRIED DIVORCED DIVORCED	(hend) 19res	10	der 1 Yr. If Under 24 Hrs. s Doys Hours Min.
done	USUAL OCCUPATION (Give kind of work 10B, KINd during most of working life, even it retired)	ID OF BUSINESS OR INDUSTRY	J. BIRTHPLACE (Slote or foreign	Country) 12. Cl	TIZEN OF WHAT COUNTRY
13. FA	ATHER'S NAME	1	14. MOTHER'S MAIDEN NAME	marijane	•
15 W.	- D	Unknown	Minnie	mille	
(Yes, n	os Deceased Ever in U. S. Armed Forces? 10 orunknown) (III yes, give wor or dotes of sen	16. SOCIAL SECURITY NO., 213-26-3/10	Mr. Kelest C.	mant 13:	ADDRESS LO
18	8. 4 1 2 1 DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATI		1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A)IMMEDIATE CAU	selfy hert	· Garl	
h	This does not mean the mode of dying, neart foilure, asthenia, etc. It means the dis njury as camplication which caused death.)	6 4	A CONSEQUENCE OF:		***************************************
	ANTECEDENT CAUSES	(e) Vas	and Den	-	
0	DISEASES OR CONDITIONS, if any, give to the above cause (A) stating	iving DUE TO, OR AS	A CONSEQUENCE OF:	******************	***************************************
Ü	JNDERLYING CONDITION lost.	(c)	***************************************		
EIK	THER SIGNIFICANT CONDITIONS CONTRIBUT O THE DEATH BUT NOT RELATED TO THE TERMI ISEASE OR CONDITION GIVEN IN PART 1 (A).	ING NAL	***************************************		
ERTIFIC	A-DATE OF OPERATION 198 CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	OB. IF YES, WERE FINDING	S CONSIDERED DEATH?
0 21	A. ACCIDENT WAS UNDERLYING RECONTRIBUTING CAUSE OF EATH (notily medical examined)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or about 21C. WHERE DID ice bldg., INJURY OCCUR?	(II In Boltimore City, gi	ive exoct location)
3 0	D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJUR	Y O CCUR?	
(A	APPROX.)	While At Work Not While			
	2. I certify that (I) (this hospital) attend		1 9 9 5 19.		7 7 19
	at (1) (we) last sow the deceased alive		19.7.3 and that	in (my) (our) apinian de	oth accurred on the date
23.	nd haur and fram the causes stated abov	(e) (I) (We) (did) (did not) vi	ew the body after death.	22 P. D. A	TE SIGNED
	WAYLAND E JONES	M.D. Atten	ding Med. Sta	#. D	7/78/77
23	NAME (Type 1300 N. FREMONT AVE	or once	3D. ADDRESS	n 1.	N
24A. B	BAITIMODE NO COL	CHAME of CEMETERY OF CREE	MATORY / 24D. LOC	ATION (City, town,	or countyl (Stote)
8	Dunal	lekutes men	endlack (fx	hutes	md,
Λ I		ME OF REGISTRAR	250. TUNERAL DIRECTOR	Pull 1h	ADDRESS MAIT
VS 150	D-REV. 1/1/68		July Mi	nucs 22	IN. 10ul

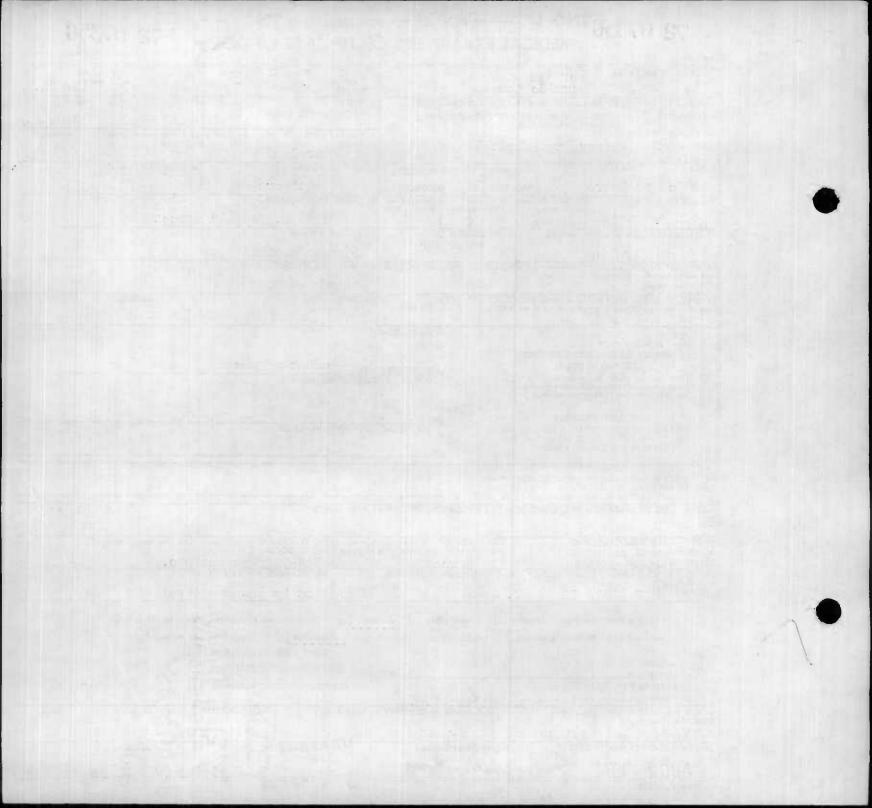


11	1201					BALTIMORE CIT	Y HEALTH D	DEPARTMENT		170	חשחבד
17-	600	BID	7;	2 07355	RUU LINN	CERTIFICA	ATE OF	DEATH	REG. NO	12	07355
	pital and of death Deceased e on the ath. Such	1. N	AME OF DECE		PLATE	OF PARTIFICATION	Time.	2. DATE AN	D HOUR OF DEATH	1	
	TO 40 C	(Тур	e or Print)	Corinne	D. Har	ris	1.18		7-22-	121	5:50P N
	ospital	3. F	LACE IN BALT	IMORE, MARYLAND,	WHERE PRON	OUNCED DEAD	A. STATE	B. COUN	e deceosed lived. If i	institution: re:	sidence before odmission
	- 0 -	FUI	LL NAME OF	(IF NOT IN HOSPI	TAL OR INST	ITUTION, GIVE STREET		yland		0	2710
	n a hos cause use; (5) tendan r to de		SPITAL OR	ADDRESS OR LOC	(A IION)		C. CITY OF		D. INS	SIDE CITY LIA	
	c 3	4	1006 1	E. 43rd. Str	oat			timore AND NUMBER		YES	NO [
	uting d cau r att prior		1000	De 4510. Doi	000			E. 43rd.	Street		
	ribut nined gular ed p	S. S	EX	6. RACE	7- MARRIE	NEVER MARRIED	B. DATE OF	F BIRTH	AGE (In years,	If Under Months	1 Yr. , If Under 24 Hrs.
		Fe	emale	Negro	WIDOWE		Oct 2	27.1889	lost birthday	Months	Doys Hours Min.
	con con eteri n re			PATION (Give kind of wo		OF BUSINESS OR INDUSTR				12. CITIZ	EN OF WHAT COUNTRY
	direct or c; (4) Under the was in the decidish disposition						Balt	imore Coun	ty, Md.		
	if deect 4) U was the sposi	13.	FATHERS LAND	Thomas Mill	4 main			ER'S MAIDEN NAM	A E		
느	directly (4)			THOMAS MILLI	Tam		Jan	e Frye			
Z	B B B O -	15. \ (Yes	Wos Deceosed	Ever in U. S. Armed Fo	tes of service	1 6. SOCIAL SECURITY NO.	17. INFORM	AANT			ADDRESS
7	the the kin dec ince					212-32-33981	Mr. W	illiam Har	ris 1006 E	43rd	. Street
IMPORTAN	ded = = g		18. 444	0.91		CAUSE OF DEA	TH				APPROXIMATE INTERVAL
A P	G 6 7 4 0 5			E OR CONDITION D			Ter	terio s	aloro Sis		
=			(This does no	of meon the mode o	f dying, e.g		USE A CONSEQU	ENCE OF:			
ä	iner. ractur pron ular mbal			asthenia, etc. It mean plication which couse		e,				3.7	
0	F = T 0 D 0		A	ANTECEDENT CAUSE	S	(0)					
<u> </u>	X D 4 3 L L			R CONDITIONS, if		g DUE TO, OR A	S A CONSEQ	UENCE OF:			
DIRECTOR:	3.9 e =			obove couse (A) CONDITION last.	stating It	(c) treat	+ 70	& fall	C-T		
	medical edical burns; hysicia n was			11							
AL	medical ledical burns; hysician was	101	OTHER SIGNIFI	CANT CONDITIONS CO	ONTRIBUTING	3					
FUNERAL	- C O D	CA	DISEASE OR CO	OPERATION 198. CO	RT 1 (A).		20 A. AU	ITOPSY? (Yes or No)	20B. IF YES, WERE	FINDINGS	CONSIDERED
Z	chief a n Body the p ysicie	RTIF	0	WAS PE	RFORMED				IN CERTIFYING CA	AUSES OF D	EATH?
3	he (2)	C	21 A. ACCIDEN	TING CAUSE OF	2	DR. PLACE OF INJURY (e.g.,	in or about 21	IC. WHERE DID	(If in Baltimo	ore City, give	e exoct location)
	by the pital b re; (2) where No pl	CAL	DEATH (notify	medical examiner	e	(c.)					
		{ thi	21 D. TIME OF INJURY	(Month) (Day) (Year		E. INJURY OCCURRED		F. HOW DID INJU	URY OCCUR?		
	roved ne hos y natu xcept ind (6	2	(APPROX.)			Vhile At Not Wh	k 🗆				
			22. I certify	that (1) (this hospite	ol) ottended	the deceased from		1	9to		19
	000.0		that (l) (we)	last saw the deceas	sed alive an		19	and the	at in(my) (aur) ap	inian deot	h occurred an the dot
	M —		and hour and	from the causes st	oted obove.	(I) (We) (did) (did not)	view the bo	dy ofter deoth.			
	ased dent ospit deat		23A. SIGNATU	RE I QUE	norti	> 1	tending 🗀	Med.	Staff	23 B. DATI	ESIGNED
	al of a		2				ys.	Director 🗀	Phys.		
100	was r was r An a Prior pprov		PHYSICIAL NAME (Ty	(pe)	4.		23D. ADDRE	33			
	-	24.4	BIIDIAL CPEA	LAY WIAT	المر ع	DEGRE NAME of CEMETERY OF C		240 1	OCATION (C	City, town, or	r county) (Stote)
	dy (1)			pecify)							
	This certil the body shows: (1) was D.O., deceased	_	Burial	7-25-7 BY HEALTH DEPT		Lukes Cemet		Rei	sterstown,		Maryland ADDRESS
	This the show was dece		Alig 2	1972	drey 1	Thistone	1 Sept	pht Ku	ces 2222	W. hs	sit are
		VS	150-REV. 1/1/6	B	1		10	P. (2) (1)			



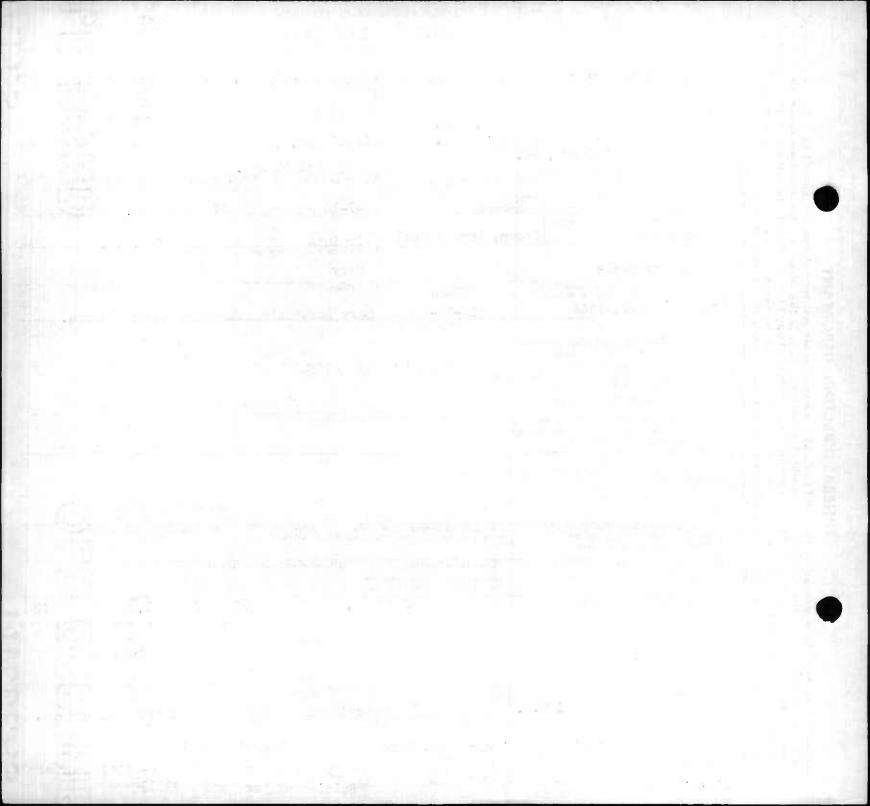
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RI	72 0	7356				AMINER'S			DEAT	H REG. NO.	2 073	356		
Τ.	NAME OF DEC	EASED	Runnie	. 0			2. DATE	Known 🔀	Month	Doy	Year	Hour	=	
(Ty	(Type or Print) Burnise Burnise Bowman						OF DEATH	Estimated	7	28	72	12:00A.	44	
4.	PLACE IN BAL	TIMORE, M.					3. DATE		Manth	Doy	Yeor	Hour	141.	
FU	L NAME OF	(IF NO	OT IN HOSPITA	LORINS	ITUTIO	N, GIVE STREET	PRONOL	INCED DEAD	7	28	72	12:00 A		
OR	SPITAL	ADDK	ESS OR LOCA	IION)			5. USUAL RI	SIDENCE (Where						
	38		ersity				A. STATE	Maryland		B. COUNTY	1	601		
6.	SEX	7. RACE		8. MARR	IED 🗌	NEVER MARRIED	C. CITY OR			D. INSIDE CI				
	Male	Negr		WIDOW		DIVORCED .	11	Baltimore		YI	ES 🔀	ио 🗆		
9.	DATE OF BIRTH	1	to. AGE (in		If Und	er t Yr. It Under 24 Hrs. By Doys & Hours & Min.	E. STREET A	ND NUMBER						
1	March 5.	1912		60			1	.226 W. La	nvale	Street				
11.	BIRTHPLACE (S		ign country)			TIZEN OF	13. FATHER	SNAME						
	South C	arolin	na		AAs	USA USA	Sidn	ey Bowman						
144	USUAL OCCU	PATION (GI	ive kind of work	148. KIND	OF BL	JSINESS OR INDUSTRY	13. MOTHE	S MAIDEN NA	AE				_	
dor	e during most of w	rorking life, e	ven if retired)					ie Marshe						
16.	Laborer WAS DECEASE	ED EVER IN	U.S. ARMED	FORCES	7 1	7. SOCIAL	18. INFORA			Al	DDRESS			
(Ye	s, no or unknown)	(Il yes, give	wor ar dotes	of service		SECURITY NO.	Evalva	Stevenson	402	O Colbor	ne Roa	ad		
-	NO					CAUSE OF DEA		3664611301	1 102	0 00120.		PROXIMATE INTERVA	AL	
	(This does no heart foilure,	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. it means the disease, injury or complication which coused death.) (A) IMMEDIATE CAUSE Gunshot of chest DUE TO, OR AS A CONSEQUENCE OF:								8ETW	TEN ONSET AND DE	ATH		
NO	RISE TO THE ABOVE CAUSE (A) STATING THE						AS A CONSEC	QUENCE OF:						
CERTIFICATION	TO THE DEA	CONDITION	ONDITIONS CO T RELATED TO N GIVEN IN PA	THE TERM ART 1 (A)	INAL	UN CIL OPERATION IN	AC 05050014					DCVO (Ves es No		
CER	2 DATE OF	OPERATIO	JN 20B. COP	MDINON	FOR W	HICH OPERATION W	AS PERFORM	ED				Yes or No)		
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (if in Baltimore City, give exact local home, form, foctory, street, office bidg., etc.) INJURY OCCUR? 3 Street 718-720 Fremont Ave. 22D. TIME (Month) (Doy) (Year) (Hour) 22E, INJURY OCCURRED. OF INJURY OCCUR? OF INJURY (APPROX.) 7 27 72 P. m. WORK Shot by unknown assailant								/	601	_				
Certify that I held on Inquiry Inspection Autopsy ond that on this basis, death in my opinion resulted from: Natural causes Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER														
	ACTUAL		7116	4	m	ullay						DATE SIGNED		
	SIGNATI	JRE				M.D		STANT MEDICAL E		K		7 00 70		
	EXAMIN						ASSO	CIATE MEDICAL E	XAMINER			7-28-72		
	A. BURIAL CREA MOVAL (Special	MATION,	William 248. DATE	n P		NAME of CEMETERY	or CREMATO	PRY 24D.	LOCATION	(City, town	n, or county) (State)	_	
KE		17/	8-1-72			Anhut. Mam	n n	В	altimo	re, Mar	vland			
25	A. DATE REC'D	BY HEALTH		258 N	IAME C	Arbutus Mem		UNERAL DIRECTO			DDRESS			
	AUG 2	1972	Di	Lieu	for,	workens		ington S.				onnoc St.	wa a	
1/5	154 DEV 3/2/46	1 1 1 1 1 1		11				1119 0011 01		173 116	- 13 a 1'1	ATT AC TH	元	



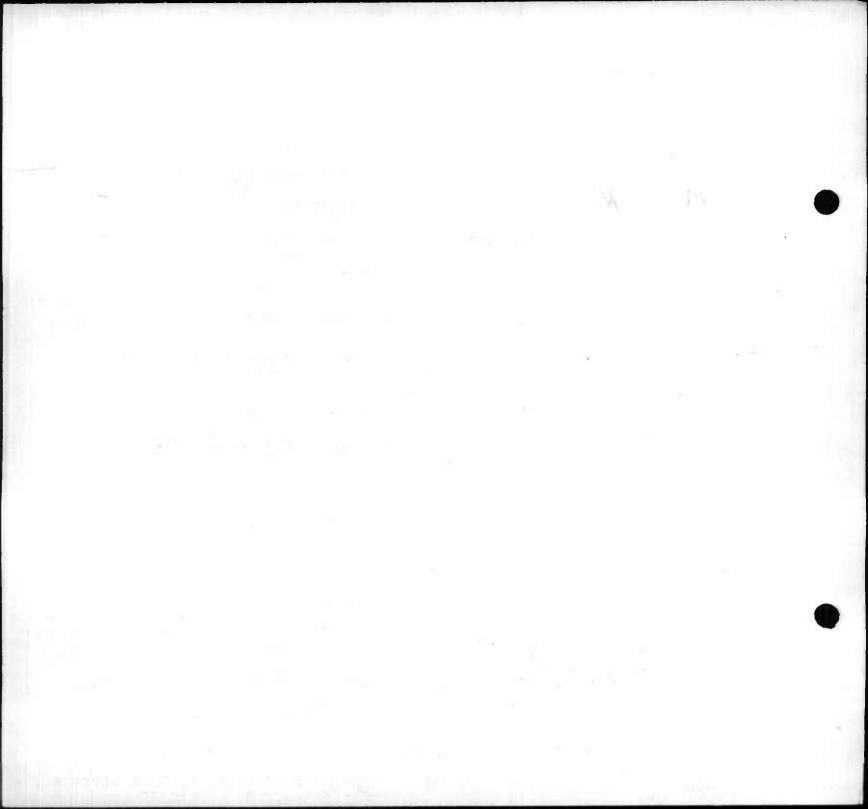
_	10	_1
B-	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause: (5) Deceased	on the
	se of	deat
	רמט (r to
	red i	ar at
•	occur	regul pased is ma
	leath or c	dece
=	lirect	h we n the dispos
RTAP	the chind	deat nce o
APO	his as so, if of any	enda o or
23 23	er or	ronor ar aff
FUNERAL DIRECTOR: IMPORTANT	amin Imine	egulo egulo
JIRE	il exe	ins ar
AL E	medica	hysic in wa
NER	chief a n Body	the pysicic ysicic e the
7	tal b	No ph
	hospi	(6) I
•	o the	(exc ; and
	t be d sed t	spital leath) ust b
	relea accid	r to d
	ification was	was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased prwritten approval must be obtained before the remains are embalmed or final disposition is made.
	s cert body	s D.O
	Thi	N P

	72 0735	57	BALTIMORE CIT	Y HEALTH DEPARTMEN	IT	ma 07357
DIDTH NO	12 013) (CERTIFICA	TE OF DEAT	H REG. NO.	72 67357
I. NAME OF DEC	EASESTATE OF N	ARYLAND-			E AND HOUR OF DEA	
type or Phintl	rksdale. Cli		The state of the s			1 -11-60 -
B. PLACE IN BAL	TIMORE MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE	Where beteored lived. I	If institution: residence before admir
				A. STATE B. C	OUNTY	1 1
ULL NAME OF IOSPITAL OR ISTITUTION	ADDRESS OR LOC	TAL OR INSTITE	UTION, GIVE STREET 1, Inc.	Maryland		150
ISTITUTION	Provident	Hospita.	l, Inc.	C. CITY OR TOWN		NSIDE CITY LIMITS?
20	2600 Liber			E. STREET AND NUMB	ED	YES NO
57	Baltimore	, Md. 21:	215			
SEX	6. RACE	7. 44 4 2 2 2 2	77 Atmuse A.A.A.	3800 Norfoll	9. AGE (In years	
le	Negro		X NEVER MARRIED	o. DATE OF BIRTH	lost birthdoy)	Months Days Hours N
A HSHAL OCCU	PATION (Give bind of we	WIDOWED	DIVORCED _	11. BIRTHPLACE (State o	57	
ne during most of v	vorking lile, even if retired)	ING KIND OF	BOSINESS OF INDUSIE	I II. BIKIMPLACE (State o	r (oreign country)	12. CITIZEN OF WHAT COU
Machinis		Crown,	Cork & Seal	Virginia		II.S.A.
FATHER'S NAM	A.E.			14. MOTHER'S MAIDEN	NAME	U.S.A.
John Bar	ksdale			Mary		
Wes Deceased	Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
		es at service)	SECURITY NO.			
	1941-1944		213-12-6813	Mary Barksda	le (WIFE) 38	00 Norfolk Ave
18.519	31		CAUSE OF DEA	TH		APPROXIMATE INTER
	E OR CONDITION DI			0 . +	· ·	
	of mean the mode of		(A) IMMEDIATE CA	772	ory Faile	~0
heart failure,	asthenia, etc. It means	the disease.	DUE TO, OR AS	A CONSEQUENCE OF:	J	
injury or com	plication which caused	d death.)		22 A		
A	INTECEDENT CAUSES	5	(0)	Chronie Ol	struture	An way Drseave
DISEASES O	R CONDITIONS, if	any, giving	DUE TO, OR A	A CONSEQUENCE OF:		7
	above cause (A)	slating the	100			
ONDERLING	COMPITION 1855		(c)			
OTHER CICKIT		ALITOIDITELE	17 "	1.1		
TO THE DEATH	CANT CONDITIONS CO	THE TERMINAL	Kennel	Failure	9 CVA.	
19A-DATE OF	ONDITION GIVEN IN PAI OPERATION [198. CON	IDITION FOR Y	VHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208 IF YES WEI	RE FINDINGS CONSIDERED
0	WAS PER	FORMED		No	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
	T WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g.	in or obout 21 C. WHERE DI	D lif to Rollie	more City, give exact location)
IOE CONTRIBUT	TING CAUSE OF medical examined	hometca	e, lorm, foctory, street, c	lice bldg. INJURY OCCU	R?	nore only, the exect locotion!
OF INJURY	(Month) (Doyl (Yearl		INJURY OCCURRED		INJURY OCCUR?	
(APPROX.)		Whi	Not Whi	• 🗆		
22. I certify	that (1) (this hospita	1) attended th	e deceased from Jul		10 72 4- 1-1	la- 23 10 1
1			4.4	***************************************	19 72to_Ju]	Ly 31, 19_7
	last saw the decease			an	d that In (my) (our) o	pinian death accurred an the
		ted above. (I)	(We) (did) (did not)	view the bady after dec	ith.	0 100
23A. SIGNATUE	RE / ·	1.0				23B, DATE SIGNED
/	n. J. 76	1	DEGREE Phy	minding Med. Director	Staff Phys.	2/3/172/
23C. PHYSICIAN NAME (Ty	Y'S	()	DEGREE	23D. ADDRESS		
HAME (I)	V Shafi	M D		D		
A. BURIAL COFA	MATION, 248, DATE		ME of CEMETERY of CR	Provident Hos	spital 2600 L	iberty Height Ave
REMOVAL (S	pecify)	240.114	WAL OF CONVETERE OF CE	24	D. LOCATION	(City, town, or county) (Sta
BURIAL	8/5/72	Car	ver Mem. Par	K I	aurel, Maryl	and
	BY HEALTH DEET.	258. NAME 8	F REGISTRAR	25C. FUNERAL DIREC	TOR	ADDRESS
AUG 2	19/2 Drd	yey mit	was the	1 3 0 3 . 3 .	1	HOME 1701 Lauren
150-REV. 1/1/6	8	1		Baltimore	Maryland -	21217



5-	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	deat deat or th or th
	hospituse of (5) De dance
	f in a ng ca cause, attendior to
	tributi mined gular sed pr
	or con ndetern in re decease
E	irect (4) Ur (4) Ur he isposi
RTAN	ssistan the d kind; deatl nce or
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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AL DI	urns; (ysicial
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	of any of any all (ex.
	leased cident hospit o deat
	An ace at a prior t
	body vs: (1) vs: (1) D.O.A
	This the show was dece

		72 073	358		HEALTH DEPARTMEN	-	72 07358			
		RTH NO. STATE O		CERTIFICA D-DIMME	TE OF DEAT	H REG. NO				
		PRAME OF DECEASED	-11	10 K 100 000	2. DA1	E AND HOUR OF DEATH				
ĺ	3.	PLACE IN BALTIMORE, MA	DY AND WHERE	ECHUII	Ha Hella Lagrana	8/1/72	M			
- 1			WILLIAM, WHERE	PRONOUNCED DEAD	We SIMIE DE	(Where deceased lived, If i COUNTY	nstitution: residence before admission)			
	FU	ILL NAME OF (IF NOT OSPITAL OR ADDRES	IN HOSPITAL OF	INSTITUTION, GIVE STREET	Maryland		2802			
4		ZILLOLION		,	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
1		Lutheran Hosp		2.1	Baltimore E. STREET AND NUMB	9	YES X NO			
	1	735 Ashburton	St., B	•						
0	5.	SEX 6. RACE	7. M	21216 ARRIED NEVER MARRIED	8. DATE OF BIRTH	tworth Road				
Ē		$N \mid N$		OWED DIVORCED		last birthdoy)	Months Doys Hours Min.			
2	104	LUSUAL OCCUPATION (Give	kind of work 10B. K	IND OF BUSINESS OR INDUSTRY	10/22/1915	56	12. CITIZEN OF WHAT COUNTRY			
5		ne during most of working life, eve Longshoreman		rchant Marine		•				
		FATHER'S NAME	Ine.	ICHAIL MAITHE	South Mil.	•	USA			
2	F	Elijah Spence			Addie	NAME				
3				. 11 6. SOCIAL						
3	(Ye	Wos Deceosed Ever in U. S. s, no or unknown) lif yes, give	wor or dotes of s	SECURITY NO.	17. INFORMANT		ADDRESS			
				216 09 8297		pence	SAME			
5		18.410.01		CAUSE OF DEATI		. 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
3		DISEASE OR COND		ľ	Miera Ca	1.6/1-00	THE PERSON OF THE PERSON			
		(This does not meen the	made of dvina	(A) IMMEDIATE CAU	SE CONSEQUENCE OF:	was views	lle			
		heart failure, astheria, etc. injury or camplication which	. Il means the di ch caused death,		A CONSEGUENCE OF:	^				
		ANTECEDENT	CAUSES	Carl	Sum acc	lugum				
		DISEASES OR CONDITIO	ONS, if any,	giving (B) DUE TO, OR AS	A CONSEQUENCE OF:	CCCC-07 \				
		rise to the above co UNDERLYING CONDITION	use (A) statin	g ine	10 Harano	CV diala	11			
		11	· lusi,	(c) 19	propulation	, co auxu				
	NO	OTHER SIGNIFICANT CONDI	IONS CONTRIBU	ITING						
	ATI	TO THE DEATH BUT NOT REI	ATED TO THE TERM	MINAL						
	ERTIFICATION	19A-DATE OF OPERATION	198. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes o	No 208, IF YES, WERE	FINDINGS CONSIDERED			
:	ERT	0				IN CERTIFYING CA	USES OF DEATH?			
	CALC	21A. ACCIDENT WAS UNDOR CONTRIBUTING CAUS DEATH (notily medical exemi	ERLYING [] SE OF neil	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or obout 21 C. WHERE DI	D (If In Boltimor	e City, give exect location)			
	0	21D. TIME (Month) (Do	y) (Yeor) (Hous		21F. HOW DID	INJURY OCCUR?				
	٤	(APPROX.)		While At Work At Work	П					
		22. I certify that (i) (this	hospital) atten	AL ALONE	1000	- Au	1.13			
		that (1) (we) last saw the			1972 000	19ta				
	- 1				19and	that in (my) (gor) apli	nion death occurred an the date			
		23A. SIGNATURE	uses stated dec	ove. (I) (We) (did) (did nat) vi	ew the bady after dea	th.				
		a VAV	of a let	Atten	ding Med.	Staff	23B, DATE SIGNED			
		23C. PHYSTCIAN'S NAME (Type)	010/50	DEGREE Phys.	Director L	Phys.	11/11/2			
		NAME (Type)	n Ablat	scer !	3D. ADDRESS	11/2/2 > /2	/ /			
	24A	BURIAL CREMATION 1248	7	DEGREE	MI3 WYARK	1915 212	11			
	_	REMOVAL (Specily)		4C. NAME OF CEMETERY OF CRE	NATORY 24D		y, town, or county! (State)			
		BURIAL 8		Arbutus Me. F		Arbutus, Md	1. 21227			
	∠JA,	DATE REC'D BY HEALTH D		AME OF REGISTRAR	25C. FUNERAL DIREC		ADDRESS CH			
	/S 4	AUG 2 1972 /	Trophy	MINNER		YETT F. H.	1701 Laurens St			
	ra l	50-REV. 1/1/6B	//		Baltimore	, Md. Z	217			



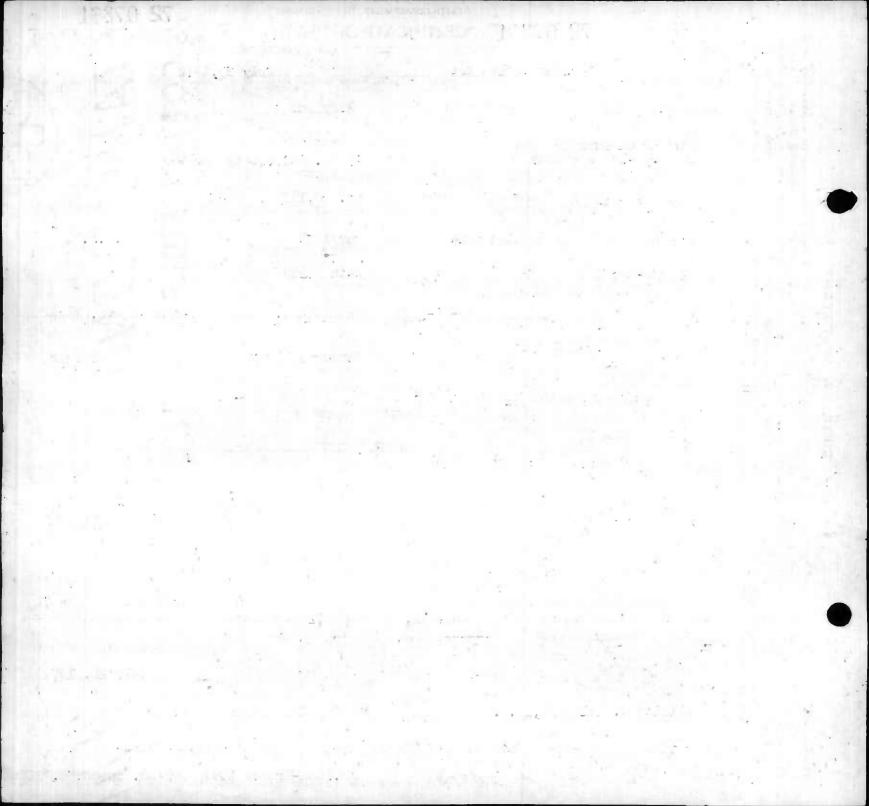
	72 07359	BALTIMORE CIT	Y HEALTH DEPARTMENT		
BIRTH	NO.STATE OF MARYLAND-DHM	CERTIFICA	TE OF DEATH	REG. NO	72 07359
III. NAA	or Print) The/ma Ma	ck	2. DATE ANT	HOUR OF DEATH	16:15 0
3. FL/	ACE IN BALTIMORE, MARYLAND, WHERE FRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where	Deceased lived. If in	nstitution: residence before admission
HOSP	NAME OF (IF NOT IN HOSPITAL OR IN:	STITUTION, GIVE STREET	A. SIAJE . S. COUN	altimore	1602
U	miversity Hospital		E. STREET AND NUMBER	, ,,	YES NO NO
-			1325 W. Me.	sher Str	ut
5. SEX	WIDOW	ED DIVORCED	12-19-15	AGE (In years	If Under 1 Yr. If Under 24 h Months Doys Hours Min.
done de	SUAL OCCUPATION (Give kind of work IOB, KIND uring most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreig	n country)	12. CITIZEN OF WHAT COUN
			Manyla	. d	USA
13. FA	THER'S NAME		14. MOTHER'S MAIDEN NAM	E	10000
1 1	-ewis Thomas		Gil		
15. Wa	s Deceased Ever in U. S. Armed Forces? or unknown) (If yes, give war or dates of service	1 6. SOCIAL	17- INFORMANT		ADDRESS
	and the service was at service	SECURITY NO.	Clas Mapl		
18.	410 91	CAUSE OF DEAT	HIMA INCHES	1	APPROXIMATE INTERVA
	DISEASE OR CONDITION DIRECTLY		<i>A</i> 1		BETWEEN ONSET AND DE
	LEADING TO DEATH	(A)IMMEDIATE CAL	es (ardionne	c Shoc	k 1 / hour
(TI	his does not meen the mode of dying, e cost foiluse, osthenia, etc. It meens the disec	.0.	A CONSEQUENCE OF:	<u>c</u> - 0,000	~ I hour
ini	jury ar complication which coused death.)	se,	1		
	ANTECEDENT CAUSES		Henti Mornes	dial Inta	cota- la livires
DI	ISEASES OR CONDITIONS, if any, givi	(B) DUE TO, OR AS	A CONSEQUENCE OF	00,200	report to record
nis	e to the above couse (A) stoling to NDERLYING CONDITION lost.	he			
0	NOTIFIED CONDITION IOSE	(c)	************************	****	
F 10	HER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMINA	G			
U 192	SEASE OR CONDITION GIVEN IN PART 1 (A). A DATE OF OPERATION 198. CONDITION FO	***************************************	20A. AUTOPSY? (Yes or No)	208 IE VEC WERE	INDINGS CONSIDERED
THE C	WAS PERFORMED	. The state of the	(Ja	IN CERTIFYING CAL	USES OF DEATH?
Ü 21 A	A ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF	18. PLACE OF INJURY (e.g., i	or obout 21 C. WHERE DID	fif in Boltimore	e City, give exact location)
₹ DE	ATH (notify medical examiner)	ome, form, foctory, street, of	fice bidg. INJURY OCCUR?		any give exact tocollon;
210	D-TIME (Month) (Day) (Year) (Hour) 2	1E INJURY OCCURRED	21F. HOW DID INJUI	N O CCIIPA	
>	PPROXI	While At Not While		KY OCCUR?	^
		Work L At Work		0/	
	I certify that (1) (this hospital) attended		19	72 to 8/	1 1972
tho	ot (1) (we) lost sow the deceased alive or	8/	19 7 2 and that	In (my) (aur) opin	nian death accurred an the d
one	d hour and from the couses stated above.	(1) (We) (dld) (dld nat) v	lew the body after death.		
23A	SIGNATURE 1				238, DAYE SIGNED
1	Helle Hannes nus	Dhom	nding Med. St	off X	8/1/2)
230	PHYSICIAN'S NAME (Type)	DEGREE	3D. ADDRESS	iys. —	10/1/0
M	4 4 4 1 1 1 1 C 1 m	10	Hannot do	1.	
24A. BL	JRIAL CREMATION, 248, DATE 24C.	NAME OF CEMETERY OF CRE	MATORY HO	M(LO	
DE	EMOVAL (Specify)	INA IN CRE	. //	Arion (Cit)	y, town, or county) (Statel
254 5	ATE REC'D BY HEALTH DEPT. DESCHARA	Bh town pl	V Cem 1/4	estoort	1116, 21225
1	ATE REC'D BY HEALTH DEPT. DEBECHANG	POF HEISTIAN	25C FUNERAL DIRECTOR	1/4/ -	ADDRESS
		, L	1402152	reat 1-H.	1016mm
VS 150-	REV, 1/1/68				

1 M-620

72 BIRTH NO.	O736	E WED	MAI	DHEX.	AMINER'S	CERTIF	ICATE C	OF DE	ATH R	REG. NO	72	0736	0_
1. NAME OF DE	CEASED					2. DATE	Known 🗌	Мо	nth	Doy	Yeor	Hour	
(Type or Print)	MA	ARY MOR	RIS			OF DEATH	Estimoted						м.
4. PLACE IN BA	LTIMORE, MA	ARYLAND, W	HERE PI	RONOU	NCED DEAD	3. DATE		Mo	nth	Doy	Yeor	Hour '	
FULL NAME OF HOSPITAL OR INSTITUTION		T IN HOSPITA		NOITUTIT	I, GIVE STREET		RESIDENCE (W	here dece			1972		Oa M.
00	152	25 W. S	arat	oga S	St.	A. STATE	Md.	.,, , , ,		OUNTY		190	1
6. SEX	7. RACE		8. MARI	RIED	NEVER MARRIED	C. CITY C	RTOWN	4.5	D. I	NSIDE CIT	Y LIMITS	?	
female	negr	co	WIDOV	WED 🗌	DIVORCED		Balto.			YE	s k	NO 🗌	
9. DATE OF BIR	Н	10. AGE (Ir lost birthdo		If Unde Months	r I Yr. If Under 24 Hrs. Doys Hours Min.		W. Sara		St.				
II. BIRTHPLACE	SM'1 d'a'I'	esex,	Va.		AT COUNTRY?	13. FATHE	r's NAME						
14A.USUAL OCC	JPATION (Gi	ve kind of work	4B. KINI		SINESS OR INDUSTRY								
done during most of	working life, e	ven if retired)					ille						
16. WAS DECEA	ED EVER IN	U.S. ARMED	FORCE	5? [17	7. SOCIAL	18. INFO				AD	DRESS		
(Yes, no or unknow.	(It yes, give	wor or dotes	of service	2	19280728	Saui	re Mor	ris.	Jr.	1922	2 N.	Fulto	n Av
19. / / /	1/.		,		CAUSE OF DEA			,				APPROXIMATE II	
(This does	LEADING To	DITION DIRECTOR DEATH of dy c. It means the	lng, e.g.,		Arteriosc] (A)IMMEDIATE C	CAUSE	Cardio	ascu	lar di	sease	BE	TWEEN ONSET A	and DEATH
DISEASES RISE TO TH UNDERLYI OTHER SIG TO THE DE	NG CONDIT	ONS, IF ANY	ONTRIBUTHE TERM	ITING	(8)(C)	AS A CONS	EQUENCE OF:	04450004800					
20A. DATE C					HICH OPERATION W	AS PERFOR	MED				21. AU	TOPSY? (Yes	or No)
0													
O LINIDEDIVIN	RNAL CAUSE	NTRIB-		228.PL/ home, fo	ACE OF INJURY (e.g., orm, foctory, street, offic	in or obout e bldg., etc.)	22C. WHERE D	ID (If in 8	Boltimore Cit	y, give exo		10	
22D. TIME OF INJURY (APPROX.)		Doy) (Yeor) (Hou	′		WHILE VORK	22F. HOW DID	INJURY	OCCUR?				
ACTUA SIGNA EXAMII NAME	L TURE VER'S (Type)	248. DATE	n S.	Plat	M.D. NAME of CEMETERY	AS:		Unde AL EXAM AL EXAM AL EXAM	INER INER	(City, town	7-3	DATE SIG	
BURIA	BY HEALTH	8/2/ DEPT/		NAME O	Arbutus Me		FUNERAL DIR	ECTOR	ltimo	Al	DDRESS		
AUG 2		NX	1	7	200	183	MORTON 170193	& D'	YETT urens	FUNE:	RAL	HOMES 2121	, INC

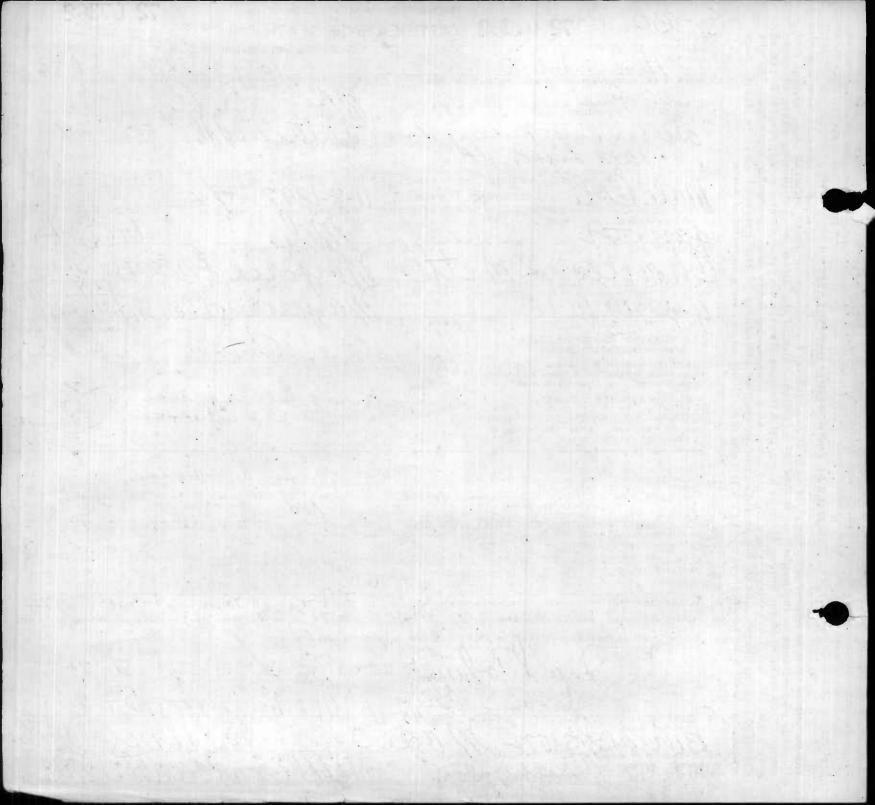
9: 1 () */Illand Employ the care of the entropy to the Transla III

	200			BALTIMORE CITY	HEALTH DEPARTMENT		72 0739	
BIR	TH NO.	72 (7361	CERTIFICA	TE OF DEATH	REG. NO.	72 0736 TE OF MARYL	AND=DHM
1. N	AME OF DECEASED				2. DATE	AND HOUR OF DEAT	H OL MILLIAM	1 / P
	PLACE IN BALTIMOI	Doroth	y DeWitt	Adt	4. USUAL RESIDENCE (W	July 23,1972	institution: residence	Hefore admissi
J. I					A. STATE B. CO	UNTY	Institution, residence) ol
FU H C	LL NAME OF () SPITAL OR STITUTION	OF NOT IN HOSPIT	AL OR INSTITUT	TION, GIVE STREET	Maryland c. CITY OR TOWN	In in	NSIDE CITY LIMITS?	10
IN 3	2							10 🗆
	Long Gree	n Nursing lrose Aver	Home		Baltimore E. STREET AND NUMBER			
-						ersity Park		
S. S		ucasian	WIDOWED X	NEVER MARRIED DIVORCED	B. DATE OF BIRTH Dec. 20,1895	9. AGE (In years lost birthdoy) 76	If Under 1 Yr. Months Doys	If Under 24 h Hours Min.
tOA	USUAL OCCUPATION	ON (Give kind of world			11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF	VHAT COUN
	e during most of working	g life, even if retired)	0	Home	Manuel and		II 0	
13.	Iomemaker FATHER'S NAME		Uwm	Home	Maryland 14. MOTHER'S MAIDEN N	IAME	U.S.	10.
	Charles	DeWitt			Ruth March			
15.	Wos Deceosed Ever	in U. S. Armed For	rces?	6. SOCIAL	17. INFORMANT		ADDRES	S
1105		es, give wor or dote	s of service)	SECURITY NO.			17	03.03.0
_	No	1	1	216-05-2876 CAUSE OF DEATH	Patricia A.	Funk Me		IMATE INTERVA
	DISEASE OR	CONDITION DI	RECTLY					
		DING TO DEATH		(A) IMMEDIATE CAU	SE Cancer of L	nng		Year
	(This daes not me heart failure, asthe	ean the mode of	dying, e.g.,	DUE TO, OR AS	ISE Cancer of L			B die Bull-lafpille
	injury or camplical							
	ANTE	CEDENT CAUSES						
	DISEASES OR C			DUE TO, OR AS	A CONSEQUENCE OF:	•••••		
	rise to the ab		slaling the	(c)				
		11		(-/				
ON	OTHER SIGNIFICAN	TCONDITIONS CO	NTRIBUTING	,				
CATIO	TO THE DEATH BUT	TION GIVEN IN PAR	RT 1 (A).		1001	At I con		
ERTIFIC	19A. DATE OF OPER	RATION 198. CON	FORMED	HICH OPERATION	20A. AUTOPSY? (Yes or	MOI ZOB. IF YES, WEL	E FINDINGS CONSID	
-	//				75111 75101311 1163 61	IN CERTIFYING	AUSES OF DEATH?	ERED
CERT	21A. ACCIDENT W	AS UNDERLYING	21B, P	LACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltin	causes of DEATH?	
O	21A. ACCIDENT W. OR CONTRIBUTING DEATH (notify medic	AS UNDERLYING CAUSE OF	21B. P home, etc.)	PLACE OF tNJURY (e.g., in form, foctory, street, of		(If in Boltin		
CALC	21D. TIME (Mor	AS UNDERLYING CAUSE OF cot exominer)	etc.)	PLACE OF INJURY (e.g., in form, foctory, street, of	n or obout 21 C. WHERE DID	(If in Boltin		
CALC	DEATH (notify medic	cot exominer)	(Hour) 21E, I	NJURY OCCURRED	n or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltin		
MEDICAL C	DEATH (notify medic 21D-TIME (Mor OF INJURY (APPROX.)	cot examiner) nth) (Day) (Year)	(Hour) 21 E. I While Work	NJURY OCCURRED At Not While At Work	n or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltin	nore City, give exact la	ication)
MEDICAL C	DEATH (notify medic 21 D. TIME (Mor OF INJURY (APPROX.) 22. 1 certify that	cot examiner) nth) (Doy) (Year) (1) (this haspital	(Hour) 21E. I While Work	NJURY OCCURRED At Not While At Work	n or obout 21 C. WHERE DID fice bidg., INJURY OCCUR?	(If in Boltin	nore City, give exact la	19
MEDICAL C	DEATH (notify media 21D. TIME OF INJURY (APPROX.) 22. 1 certify that that (1) (we) last	(I) (this haspital	(Hour) 21E. I While Work I) attended the	NJURY OCCURRED Al Not While At Work deceased from July 22	n or obout 21 C. WHERE DID fine bidg., INJURY OCCUR?	(If in Boltin	nore City, give exact la	19 <u>7</u> 2
MEDICAL C	DEATH (notify media 21D.TIME OF INJURY (APPROX.) 22. I certify that that (I) (we) last and hayr and from	(I) (this haspital	(Hour) 21E. I While Work I) attended the	NJURY OCCURRED Al Not While At Work deceased from July 22	n or obout 21 C. WHERE DID fice bidg., INJURY OCCUR?	(If in Boltin	uly 23,	19 72
MEDICAL C	DEATH (notify media 21D. TIME OF INJURY (APPROX.) 22. 1 certify that that (1) (we) last	(I) (this haspital	(Hour) 21E. I While Work I) attended the	NJURY OCCURRED Al Not While At Work deceased from July 22 (We) (did not) v	21F. HOW DID 1	injury occur? 19 50 ta sthat in(my) (aur) a	pinian death accur	19 72
MEDICAL C	DEATH (notify medic 21D.TIME OF INJURY (APPROX.) 22. 1 certify that that (1) (we) last and hayr and fran 23A SIGNATURE	(I) (this haspital	(Hour) 21E. I While Work I) attended the	NJURY OCCURRED Not While At Work deceased from July 22, Wer (dry) (did not) v	21F. HOW DID in the bady after deat inding Med.	(If in Boltin	uly 23,	19 72
MEDICAL C	DEATH (notify media 21D.TIME OF INJURY (APPROX.) 22. I certify that that (I) (we) last and hayr and from	(I) (this haspital	(Hour) 21E. I While Work I) attended the	NJURY OCCURRED Not While At Work deceased from July 22, Wer (dry) (did not) v	21F. HOW DID 1	injury occur? 19 50 ta sthat in(my) (aur) a	pinian death accur	19
MEDICAL C	DEATH (notify medic 21D.TIME (Mor OF INJURY (APPROX.) 22. I certify that that (I) (we) last and have and from 23A SIGNATURE 23C.PHYSICIAN'S NAME (Type) William (BURIAL CREMATIC	(1) (this haspital saw the decease in the sauses sto	(Hour) 21 E. I While Work I) attended the ed alive an	NJURY OCCURRED Not While At Work deceased from July 22, Wer (dry) (did not) v	21F. HOW DID 19 22F. How DID 19 23D. ADDRESS	injury occur? 19 50 ta s that in (my) (aur) a	pinian death accur	
MEDICAL C	DEATH (notify medic 21D.TIME (Mor OF thJURY (APPROX.) 22. I certify that that (I) (we) last and hair and fran 23A.SIGNATURE 23C.PHYSICIAN'S NAME (Type) William (, BURIAL CREMATIC REMOVAL (Specify	(I) (this haspital saw the decease in the sauses sto	(Hour) 21 E. I White Work I) attended the ed alive an	NJURY OCCURRED At Work At Wo	21F. HOW DID in the bady after deat inding Med. Director 223D. ADDRESS	that in (my) (aur) a h. Staff Phys. LOCATION	pinian death accur 23B. DATE SIGNE July 21 City, town, or county	19 72 red on the c
MEDICAL C	DEATH (notify medic 21D.TIME (Mor OF INJURY (APPROX.) 22. I certify that that (I) (we) last and have and from 23A SIGNATURE 23C.PHYSICIAN'S NAME (Type) William (BURIAL CREMATIC	(I) (this haspital saw the decease in the sauses sto	(Hour) 21 E. I White Work I) attended the ed alive an	NJURY OCCURRED At Work At Wo	21F. HOW DID 19 22F. How DID 19 23D. ADDRESS	that in (my) (aur) a h. Staff Phys. LOCATION	pinion death accur	19 72 red on the 6
MEDICAL C	DEATH (notify medic 21D.TIME (Mor OF thJURY (APPROX.) 22. I certify that that (I) (we) last and hair and fran 23A.SIGNATURE 23C.PHYSICIAN'S NAME (Type) William (, BURIAL CREMATIC REMOVAL (Specify	(I) (this haspital saw the decease in the sauses sto	(Hour) 21 E. I White Work I) attended the ed alive an	NJURY OCCURRED At Work At Wo	21F. HOW DID (1) 21 C. WHERE DID (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	that in (my) (aur) oh. Staff Phys. LOCATION Baltimore,	pinian death accur 23B. DATE SIGNE July 21 City, town, or countyl Maryland ADD	19 72 red on the
WEDICAL C	DEATH (notify medic 21D.TIME (Mor OF thJURY (APPROX.) 22. I certify that that (I) (we) last and hair and fran 23A.SIGNATURE 23C.PHYSICIAN'S NAME (Type) William (, BURIAL CREMATIC REMOVAL (Specify	(I) (this haspital saw the decease in the sauses sto	(Hour) 21 E. I White Work I) attended the ed alive an	NJURY OCCURRED At Work At Wo	21F. HOW DID (1) 21 C. WHERE DID (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	that in (my) (aur) a h. Staff Phys. LOCATION	pinian death accur 23B. DATE SIGNE July 21 City, town, or countyl Maryland ADD	19 72 red on the o



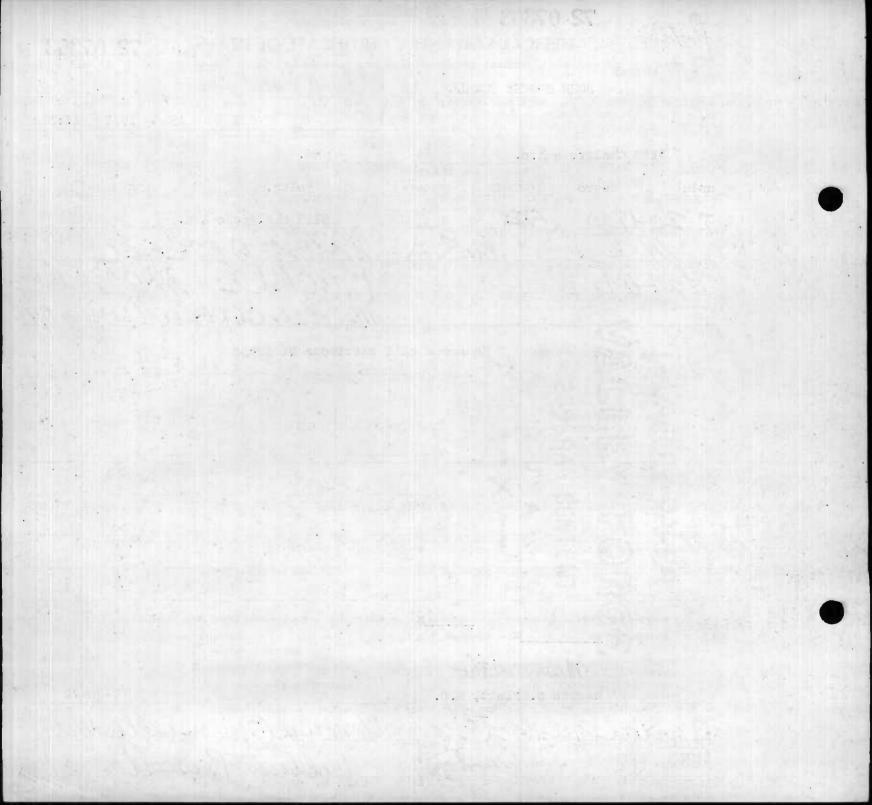
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

(720	BALTIMORE CITY HEALT	H DEPARTMENT		72 07362
0-330 72 07362	CERTIFICATE C	OF DEATH	REG. NO.	PE OF MARYLAND-DHMH
1. NAME OF DECEASED			HOUR OF DEATH	1 18-
Henry Smilk	UA HELI		4 30 19	
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUN	A. SEA	TE S. COUNTA	receased lived. If ins	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)		OR TOWN	Chille Will	DE CITY LILLED
Harbar Viseo Nursi	/	ATTI	A A INSI	YES NO X
1	E. STRI	EET AND NUMBER	11/10	
12/3 Light St				
11/10/10/10/10/10/10	NEVER MARKIED	OF BIRTH 9.	AGE (In years st birthdoy)	It Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
WIDOWED WILL USUAL OCCUPATION (Give kind of work 108, KIND OF BU	DIVORCED	HPLACE (Stale-for tareign	74	12, CITIZEN OF WHAT COUNTRY?
done during most of working tife, even if retired)	STREETS OR THE OUT AT THE DEAL	md	county,	11. 8
13.FASHER'S NAME	14. MO	THER'S MAIDEN NAME		1011 DIA
Mills our Van Xm.	11, 30	01101	2 805	$\alpha M \Omega$
15. Was Deceased Ever in U. S. Armed Forces?	SOCIAL TE INFO	DRMANT	RADI	ADDRESS/ 277
(Yes, na or unknown) (If yes, give wor or dates of service)	SECURITY NO.	DIAMA , D	. 1 00.	totte ilk
MB.	CAUSE OF DEATH	vyg ux	Sexum	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		P		BETWEED ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAUSE	- die Urs	1	Judden
(This daes not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS A CONSE	QUENCE OF:		
injury or camplication which caused death.) ANTECEDENT CAUSES	W. fr.	a y arton	- and	7
DISEASES OR CONDITIONS, if any, giving	(B) DUE TO, FOR AS A CONS	EQUENCE OF	· Clesca	~~ '
rise to the above cause (A) slating the UNDERLYING CONDITION last.				
ONDERLING CONDITION IGS.	(C)		F	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	CVA	- R.	land por	for a
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	1204	AUTOROVO (V NI-V	200 15 55 2455	THE PARTY OF THE P
198. CONDITION FOR WH	CH OPERATION 200A	AUTOPSY? (Yes or No)	IN CERTIFYING CAL	JSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PL	ACE OF INJURY (e.g., in or obou	121C. WHERE DID	(If in Baltimare	City, give exact location)
OR CONTRIBUTING CAUSE OF hame, etc.)	arm, roctory, street, affice blog	, INJURY OCCUR		
W OF INTURY	JURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(A PPROX.) While Work	Not While			
22. I certify that (I) (this hospital) attended the	deceased from 7	et 21 19	72-10	Luly 31, 1971.
that (I) (we) lost sow the deceased alive on	7/4			nion deoth occurred on the date
ond hour and from the causes stated above. (1) (ve) (did) (did not) view the	body ofter deoth.	/	
23A. SIGNATURE	Attacking to	Mod rtn/s		23B, DATE SIGNED
Jeff 8.10)	Attending Phys.		hys.	8/11/2
23C. PHYSICIAN'S NAME (Type)	181 CM 23D. AD	Cor - 1 /	0 1/2-	5-
24A. BURIAL CREMATION, 124B. DATE 124C. NAM	of CEMETERY OF CREMATOR	Y 24D. LO	ALVELT	ly, town, or county) (State)
24A. BURIAL CREMATION, 24B. DATE 24C. NAM REMOVAL (Specify)	MARIA	240. 60	200	118 200
25A. DATE REC'D BY HEALTH PEPT. 25B. NAME OF	EGISTRAR [25C	FUNERAL DIRECTOR	02000	ADDRESS
AUG3 1972 Dielvey Instrum	500 mm	11-1/17 19	mbesott	WWW. MICK.
VS 150-REV. 1/1/68		The state of the s	1	

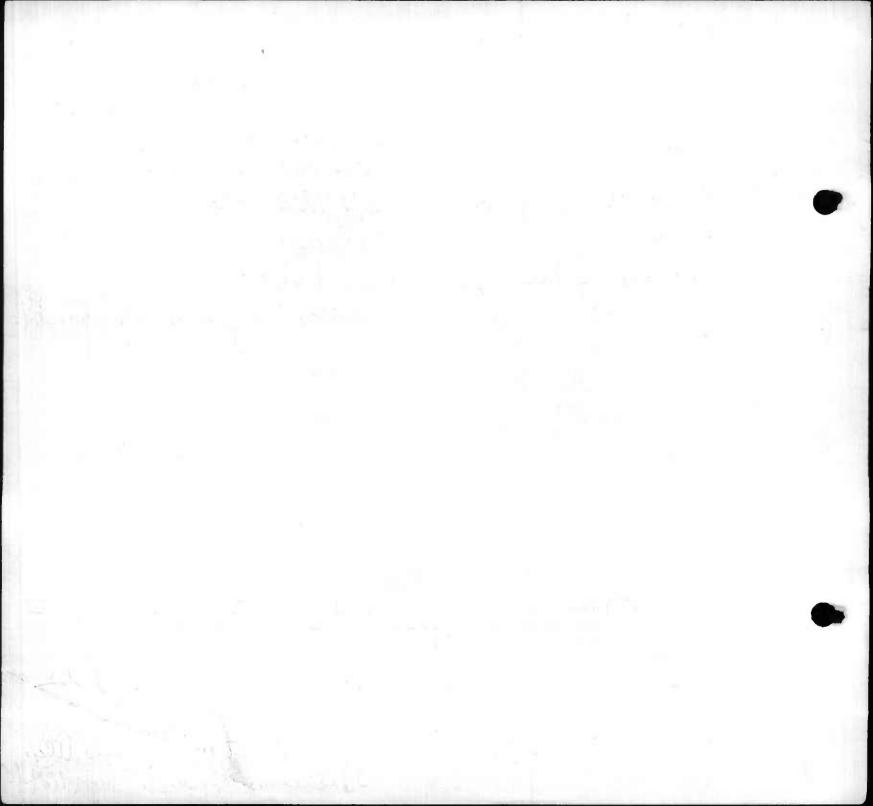


72 07363 STATE OF MARYLAND-DHMH BALTIMORE CITY HEALTH DEPARTMENT P-400 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 72 07363

BIK	IH NO.								
	NAME OF DEC		UGENE POWELL	2. DATE OF DEATH	Known Estimoled	Month	Doy	Yeor	Hour M.
4 1	DI ACE IN BAIL			3. DATE		Month	Doy	Yeor	Hour :
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)					NCED DEAD	7	29	1972	11:35a _M .
OR	INSTITUTION			5. USUAL RE	SIDENCE (Where	e deceosed live	ed. If institution	n: residence b	efore odmission)
C	511	9 Chalgrove	Ave.	A. STATE	Md.	E	. COUNTY	2	717
6. 5	SEX	7. RACE	8. MARRIED NEVER MARRIED	C. CITY OR 1	OWN		D. INSIDE C	ITY LIMITS?	
ms	ale	negro	WIDOWED DIVORCED		Balto.		V	ES X	10 🗆
	DATE OF BIRTH							-3 - 1	
-	2 1 2	1:00 A lost birthdo	Months Doys Hours		110 01-1	A			
1	- () ·	1/1/1) I I I		119 Chal	grove A	ive.		
141.	BIKTHPLAGE(S	tate or to reign country)	12. CITIZEN OF	13. FATHER'S	In M.	DA	21/0	11	
14A	USUAL OCCU	PATION (Give kind of work	148. KIND OF BUSINESS OR INDI	STRY 15 MOTHER	S MAIDEN NA	ME	1	1	7 17 17
don	during most of w	orking life, even if retired)		178 (Che	2	101	als	ell
16.	WAS DECEASE	DEVER IN U.S. ARME	D FORCES? 17. SOCIAL	TH INFORM	ANT	1	A	DDRESS	W /
(16:	, no or unknown)	(If yes, give wor or dotes	of service) SECURITY NO	11110	-Vald	4.00	10000	((AA)	2104/11/1.
	19.	. /	CAUSE OF	DEATH	17 6-7	er po	11		ROXIMATE INTERVAL
	102	1/ 1			6 1			BETWE	EN ONSET AND DEATH
		OR CONDITION DIRE	Squamous ce	il carcino	oma or ru	ngs			
		LEADING TO DEATH	(A)IMMEDI						
	heart foilure,	of mean the made of di osthenia, etc. It means th	e diseose,	OR AS A CONSEQU	ENCE OF:				
	injury or com	plication which coused de	oth.)						
	AN	NTECEDENT CAUSES	(P)						
		OR CONDITIONS, IF AN	Y, GIVING DUE TO	OR AS A CONSEQ	UENCE OF:				
	RISE TO THE	E ABOVE CAUSE (A) STA IG CONDITION LAST.	ATTIO THE						
Z			(C)						
Ĕ	OTHER SIGN	II IFICANT CONDITIONS C	CONTRIBUTING						
CERTIFICATION	TO THE DEA	TH BUT NOT RELATED TO	THE TERMINAL						
T		CONDITION GIVEN IN F	NDITION FOR WHICH OPERATIO	WAS PERFORME	:D			21 AUTOS	SY? (Yes or No)
CE	A		TO THE TOTAL THE	T THE TERT ORME				III. AOIO	311 ()
	201							no	
MEDICAL	UNDERLYING	NAL CAUSE WAS ON CONTRIBUSE OF DEATH.	22B. PLACE OF INJURY home, form, foctory, street	e.g., in or obout 22 office bldg., etc.) IN	JURY OCCUR?	(If in Boltimore	e City, give ex	oct locotion)	
X		Month) (Doy) (Yea	or) (Hour) 22E. INJURY OCCUR	RED 22	F. HOW DID IN	JURY OCCU	R?		
	OF INJURY (APPROX.)		WHILE AT	NOT WHILE					
	m. WORK AT WORK								
	I certify that I held an Inquiry I Inspection & Autopsy and that on this basis, death in my opinion								
	result	ed from: Notural car	uses X Accident S	icide Hor	nicide 🔲	Undetermin	ed monner		
					HIEF MEDICAL				
	DATE SIGNED							DATE SIGNED	
	SIGNATU		malat	_M.D.					
	EXAMINI NAME (T		S. Platt, M.D.	ASSO	CIATE MEDICAL I	EXAMINER		7-	30-72
24	NAME (T		24C NAME of CEME	ERY OF CREMATO	V . 1240	LOCATION	(City to)	n, or coenty)	7
	MOVAL (Specif		1 - CEME	The second of	240.	37 /	(City, low	A Conny	Stote
1	JUNI	al 812.	-19/24 Men	VI Wemo	ual (Men	MAR	lle	Me
25	A. DATE REC'D	BY HEALTH DEPT.	258. NAME OF REGISTRAR	25C. F	UNERAL DIRECT	OR		DDRESS	1
A	UG3 1	972 Buch	en hih kon	111	100:00	mR	700046	1/10	max mil
0,		0.6 / 0/-01	1000	6/1	3(13(64)	11/14	evet.	NUU	VIGITION
٧s	151-REV. 1/1/68			0				- 4	

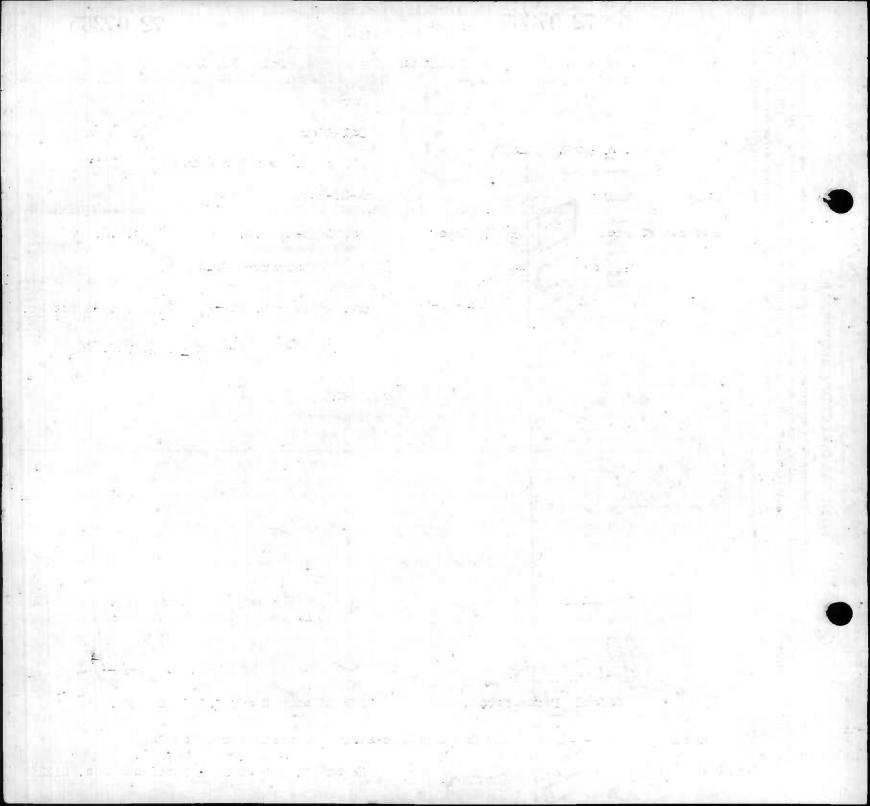


1		E-363 PD COOCA BALTIMORE CITY HEALTH DEPARTMENT PO COOCA
ath the the	В	RTH NO CERTIFICATE OF DEATH REG. NO. 12 U/304
Se d	1.1	NAME OF DECEASED 12. DATE AND HOUR OF DEATH 2. DATE AND HOUR OF DEATH 2. DATE AND HOUR OF DEATH
	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, Il institution; residence before admission)
5	11	A STATE DE COUNTY
	H	ULL NAME OF
		University of Moryland Cimapolic YES A NO
0 + D L d 0		212 Croll Drive
trib min gul	5.	**MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years littleday) **MODIFIED DIVORCED 3111190 State of Birth 19. AGE (In years littleday) **Months Doys Hours Min.**
	10/ dor	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 17. FIRTH CACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
or or Ind de		Aghres Wa.
direct or c; (4) Undet h was in the dec	13.	FAMER'S NAME
dis dis	15.	Was Decosed Ever in U. S. Armed Forces? 16. SOCIAL 17 ANFORMANT
the drind; kind; deat	Пе	Jaston Henry Some For doles of serviced SECURITY NO.
his as lso, if of any unced tenda		DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH APPROXIMATE INVENTAL APPR
THE STATE		LEADING TO DEATH
orong ar		(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
min min tra		ANTECEDENT CAUSES
XDAZEE		DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
ins a		UNDERLYING CONDITION last. (c) A SCUD
medical hedical burns; hysicia nn was remain	ATION	TO THE DEATH BUT NOT RELATED TO THE TERMINAL
chief m g me Body b the ph ysician	ERTIFICA	DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994 DATE OF OPERATION 1994 CONDITION FOR WHICH OPERATION 2004 AUTOPSY? (Ves or No.) 2018, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
(2) ph	AL CE	21A. ACCIDENT WAS UNDERLYING
d by the spital ture; (b) No ed be	113	21D Title (Alast) (D. 200)
A de	MEDI	OF INJURY (APPROX.) (Month) (Doy) (Teon (Hour 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Work 21 Work
E E X K E E		22. I certify that (1) (this hospital) attended the deceased from 7/3/1972 to 7/3/1972
5 4 4 E 5 4		that (1) (we) last saw the deceased office an 713 (19 2) and that In (my) (our) opinion death accurred on the date
dent despited deat deat		ond haur and from the couses stated obove (I) We) (did) (did not) view the body after deoth. 23A. SIGNATURE
3 0		Attending Med. Staff S///7)
An ac An ac Prior		23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS
certificat body was 7s: (1) An D.O.A. a ased pric	24A	BURIAL CREMATION, 248, DATE 24C. NAME of CEMPTERY OF CREMATORY 24D. LOCATION (City, town, or county) (Sub)
ws: (ws: (b.0)	1	Semoval (Specific Specific Spe
705	IV.	
his chow how vas	25A	
This certificate m the body was relishows: (1) An acci was D.O.A. at a f deceased prior to written approval		A-DAYE SECTO BY UPALTU OF THE TOTAL OF THE T



a hospital and cause of death se; (5) Deceased indance on the	to death. Such
f death occurred in ct or contributing) Undetermined cau was in regular att	he deceased prior position is made.
er or his assistant i rr. Also, if the dire ture of any kind; (4 ronounced death	ar attendance on t balmed or final disp
ief medical examina a medical examine dy burns; (3) A frac e physician who p	ician was in regulc he remains are emb
approved by the chi o the hospital by c fany nature; (2) Bo I (except where th); and (6) No physe obtained before t
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

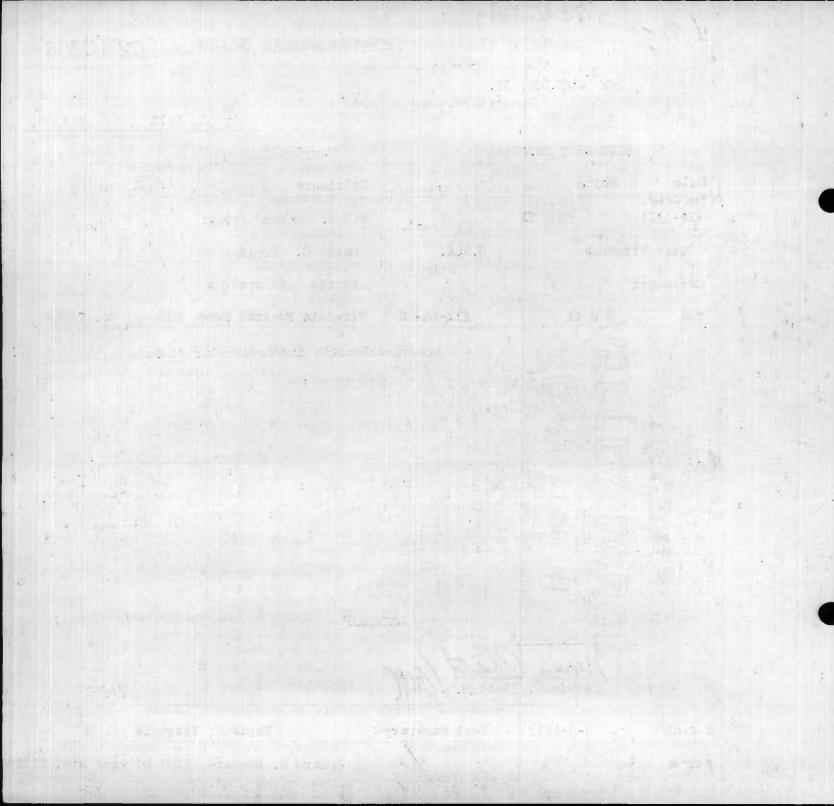
N-300	72 0736	5	TE OF DEATH	REG. NO	72 07365
1. NAME OF DECEASED (Type or Print)	LEO	NEDDO	2. DATE A	Ly 31, 1972	1
3. PLACE IN BALTIMORE, FULL NAME OF (IF I HOSPITAL OR AD INSTITUTION		ONOUNCED DEAD	Maryland 8. cou	ere deceased lived. If in	nstitution: residence before admission)
INSTITUTION	Agnes Hospita		Baltimore E. STREET AND NUMBER 3373 St. Ber	nedict Stree	VES X NO 1
	ite widow		8. DATE OF SIRTH 12-20-1971	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Oays Hours Min.
done during most of working tif Retired Paints	e, even if retired)	D OF SUSINESS OR INDUSTRY f Employed	Washington, l	o.c.	U.S.A.
13. FATHER'S NAME Wil	Liam Ned	do	14. MOTHER'S MAIDEN NA		
15. Wos Deceosed Ever in (Yes, no or unknown) (If yes, NO	J. S. Armed Forces? give war or dotes of serv	16. SOCIAL SECURITY NO. 214-03-0079	Mrs. Mildred I	E. Neddo, 33	ADDRESS 2122 73 St. Benedict St.
DISEASES OR CONTISE to the above UNDERLYING CONDITION TO THE SIGNIFICANT OF TO THE DEATH BUT NOT THE B	DINDITIONS CONTRIBUTION CONTRIBUTION CONTRIBUTION FREATED TO THE TERMIN GIVEN IN PART 1 (A).	the (C)	S A CONSEQUENCE OF:		
19A. DATE OF OPERAT	WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or)	IN CERTIFYING CA	
OR CONTRIBUTING DEATH (notify medical	CAUSE OF	21B. PLACE OF INJURY (e.g., hame, form, factory, street, etc.)		(If in Baltima	re City, give exact lacation)
21D. TIME (Manth) OF INJURY (APPROX.)	(Day) (Yeor) (Haur)	21E, INJURY OCCURRED While At Not Whi Work At Work		JURY OCCUR?	
that (1) (we) last sa and haur and from 12 23A. SIGNATURE)	(this hospital) attend to the deceased alive causes stated about	on July 5 ve. (1) (Wh) (did) (did not)	view the bady after death	hat in (my) (aur) op	inian death occurred an the date 238, DATE SIGNED 3-1-72
	afael Perez	DEGREE	8507 Liberty		
24A. SURIAL CREMATION, REMOVAL (Specify) Burial	8-3-1972	New Cathedral Co	emetery Ba	ltimore, Mar	
AUG 3 1972 VS 150-REV. 1/1/68	Bidney for	ME OF REGISTRAR	Howard H. Hu		Wilkens Ave. 21229



/	72 (7366	BALTIMORE CITY HE	41 TH DED 4 DT 14	ENIT				
4-125			DALIMONE CITT TIE			DEAT	ш	170 0	51000
BIRTH NO.	MEL	ICAL	EXAMINER'S C	LEKTIFICA	ATE OI	DEAT	REG. NO	12 0	7356
1. NAME OF DEC		NS, JE		OF	Known 🗆	Month	Doy	Year	Hour
4 DIACE IN BAI	LTIMORE, MARYLAND, V	,		DEATH 3. DATE	Estimoted L	Month	Dov	Yeor	M.
FULL NAME OF			UTION, GIVE STREET	PRONOUNC	ED DEAD		31, 1972	reor	6:55 P.M.
OR INSTITUTION	ADDRESS OR LOCA	TION)		5. USUAL RESID	ENCE (Whe			residence bel	
38	UNIVERSITY H	OSPITA	L	A. STATE Mar	yland		B. COUNTY	15	303
6. SEX Male	7. RACE White	B. MARRIE	D NEVER MARRIED	C. CITY OR TO			D. INSIDE CIT		
		WIDOWE		Baltimo			YE	s 🖺 N	0
9. DATE OF BIRT	Lant binthola	yeors y)	If Under 1 Yr. If Under 24 Hrs. Nonths: Doys: Hours: Min.	E. STREET AND					
			CITIZEN	948 W.		d Stree	t		
	State or foreign country)		2. CITIZEN OF WHAT COUNTRY?	13. FATHER'S N		1			
	Virginia	148 KIND	U.S.A. OF BUSINESS OR INDUSTRY	Mack		pkins			
done during most of	working life, even if retired)	140. KIND 1	OF BUSINESS OK INDUSTRI						
Carpent	SED EVER IN U.S. ARMED	EORCES	17. SOCIAL	Hettie		rtridge		DRESS	
(Yes, no or unknown	(If yes, give wor or dotes	of service)	232-20-4265			mn1 II			24614
19. / /	M M TT	-	CAUSE OF DEA		a rulle	IAI HOI	ne, Grun		OXIMATE INTERVAL
4/2	, 41				14		1.	BETWEE	N ONSET AND DEATH
DISEAS	SE OR CONDITION DIRE	CTLY		sclerotic	cardi	ovascul	ar disea	se	
(This does r	not mean the made of dy	Ing, e.g.,	(A) IMMEDIATE C	AUSE AS A CONSEQUEN	CE OF:				*****
heort toilure injury or cor	e, osthenio, etc. It means the mplication which coused de	diseose, oth.)							
	NITECEDENIT CALLEES								
DISEASES	OR CONDITIONS, IF ANY		DUE TO, OR	AS A CONSEQUE	NCE OF:				
UNDERLYII	IE ABOVE CAUSE (A) STA	ING THE	(-)						
OTHER SIGN TO THE DE. DISEASE OF			(C)		************		************		
OTHER SIGN	II NIFICANT CONDITIONS C	ONTRIBUTII	NG						
DISEASE OF	ATH BUT NOT RELATED TO		IAL				************		
20A. DATE O	F OPERATION 208. COI	NDITION F	OR WHICH OPERATION W	AS PERFORMED				21. AUTOPS	Y? (Yes or No)
0 2								yes	5
	RNAL CAUSE WAS	2: h	2B.PLACE OF INJURY(e.g., ome, form, foctory, street, office	in or obout 22C. e bldg., etc.) INJU	WHERE DID	(If in Boltimo	re City, give exo	t location)	1175
	AUSE OF DEATH. (Month) (Doy) (Year) (Hour)	22E. INJURY OCCURRED	225	HOWDID	NJURY OCC	LIDO		
OF INJURY (APPROX.)	(Month) (Doy) (Year	, , _ ,	WHILE AT NOT	WHILE WHILE	HOWDID	NJURT OCC	OK?		
23.									
		nquiry L					death in my	_	
resul	Ited fram: Natural cau	ses X	Accident Suicid		ide 🔲		ned manner L	_	
ACTUAL SIGNAT	112314	6/	latt /n m			EXAMINER EXAMINER	X	D	ATE SIGNED
EXAMIN NAME (NER'S Marvin	S. Pla	att, M. D. // (ASSOCIA	TE MEDICAL	EXAMINER		8/1/7	72
24A. BURIAL CRE	MATION, 248. DATE		24C. NAME of CEMETERY	or CREMATORY	24[LOCATION	(City, town	, or county)	(Stote)
REMOVAL (Spec Burial	8-3-19	72	Beel Cemetery		V	ansant	, Virgin	ia	
25A. DATE REC'D	BY HEALTH DEPT.	25B. NA	ME OF REGISTRAR	25C. FUN	ERAL DIREC	TOR	IA	DDRESS	
81100	ا الم محمد	1 1 .) ./	House	rd H	Unbhar	4 4107 1	Ji 1kens	Ave. 212

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to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased all (except where the physician who pronounced death was in regular attendance on the h); and (6) No physician was in regular attendance on the be obtained before the remains are embalmed or final disposition is made.
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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FUNERAL DIRECTOR: IMPORTANT

A BALTIMORE CIT	Y HEALTH DEPARTMENT
72 07367 CERTIFICA	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
MACATEE JAMES EDWARD SR	JULY 31 1972 2:30P M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	MARYLAND BALTIMORE
HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION ST. AGNES HOSPITAL	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	Baltimore YES NOV
CATON & WILKENS AVEN UE	E. STREET AND NUMBER
BALTIMORE MARYLAND 21229	209 OAKLEE VILLAGE 21229
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Haurs Min.
MALE CAUCASIAN WIDOWED DIVORCED	1 08 26 82 89
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
dane during most of working life, even if retired) OFFICE WORKER AUCTIONEER	MARYLAND U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	MARY L. GLENN MACATEE
FRANK MA CATEE 15. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, na or unknown) (If yes, give war or dates of service) SECURITY NO.	WILKENS AVENUE BALTO MD 21229
No 213 01 173	ST. AGNES HOSPITAL RECORDS CATON &
18. 2 5 0 . 9 I CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	hratory failing
(A)IMMEDIATE/CA	AUSE S A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease,	abetic Mellitis
injuly of complication which caused dealing	0 / 1/
ANTECEDENT CAUSES (B)	nat failure
The state of the s	S A CONSEQUÊNCE OF:
UNDERLYING CONDITION last. (C)	<u></u>
II .	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 121B. PLACE OF INJURY (e.g.	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	NO CONTRACTOR DE
OR CONTRIBUTING CAUSE OF home, form, foctory, street,	in or obout 21C. WHERE DID (If in Boltimore City, give exact lacation) affice bldg., INJURY OCCUR?
DEATH (notify medical examiner)	
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Work At Work	
that \$\infty\$ (we) last saw the deceased alive an JULY 31	KRENJULY 20 19 72 to JULY 3.1 19 72 19 72 and that in (MXX (aur) apinian death accurred on the date
and haur and fram the causes stated above. (1) (We) (did) (d)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)	view the body after death. 238, DATE SIGNED
0 13	
Nonal O De DEGREE PH	lys. Director Phys. 4 107 31 72
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
DONALD TSAIL DEGRE	CATON & WILKENS AVENUE 21229
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C	
Burial 8-3-1972 New Cathedral C	emetery Baltimore, Maryland

AUG 3 1972 Schwy Mary Aug of Registrar VS 150-REV. 1/1/68

Baltimore, Maryland 25C. FUNERAL DIRECTOR

ADDRESS

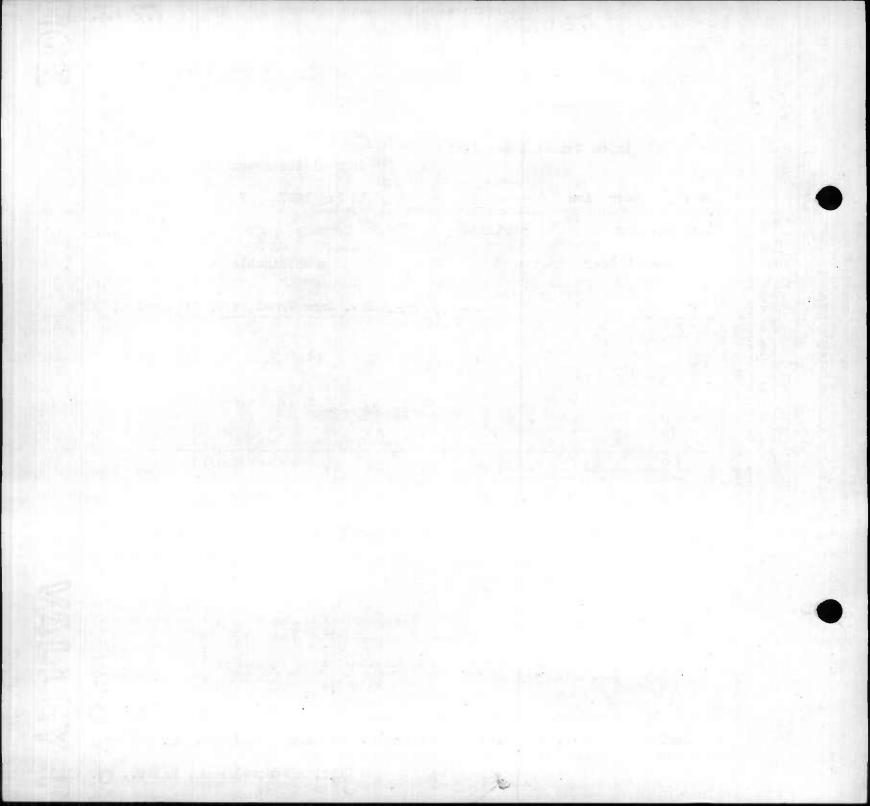
Howard H. Hubbard, 4107 Wilkens Ave. 21229

THE FAME OF SALES OF FIGURESIAN AS A SUIT

CATCH, & WILKERS AVENUE TO THE

approved by the chief medical examiner or his assistant if death occurred in a hospital and of the hospital by a medical examiner. Also, if the direct or contributing cause of death i any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (except where the physician who pronounced death was in regular attendance on the j; and (6) No physician was in regular attendance on the eceased prior to death. Such e obtained before the remains are embalmed or final disposition is made.	1
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
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-	-13	and in		BALTIMORE CITY	HEALTH DEPARTMENT		72 07368	
1-6	360	72 ()	7368	CERTIFICA	TE OF DEATH	REG.	MAN OF HARYLAND DI	1444
BIRTH NO.				021(11110)		AND HOUR OF D	PATH	
(Type or Pri	F DECEASED	DWIG ED	כדיקו					
				MANAGEM DEAD		L July 197	2 9:54 PM ed. If institution: residence before odmi	M.
FULL NAM	AF OF (IF N			NOUNCED DEAD	Maryland		2731	3310117
HOSPITAL	OR ADD	RESS OR LOCA			C. CITY OR TOWN		D. INSIDE CITY LIMITS?	
1 , 1	,				Baltimore 212	206	YES X NO	
4	/ Unic	n Memor	ial H	ospital	E. STREET AND NUMBER			
	1				4222 Diller A	venue		
5. SEX	6. RACE		7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yeo	rs If Under 1 Yr., If Under 2	4 Hrs.
Male	Cauca	sian	WIDOW		16 Aug 1897	74	Months Doys Hours A	ain.
			10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COL	JNTRY?
longs	nost of working life, horeman	even if relifed)	mar	itime	Germany		U.S.A.	
13. FATHER	Joseph Ed	ler			14. MOTHER'S MAIDEN N			
15. Was De	ceosed Ever in U.	S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS	
no	inknowii/ (ii yes, gi	A6 MOI OI DOIG	2 01 261410		Mrs. Anna Bram	1. 4222 I	Diller Ave. 21206	
	160	1 0 //	7 0	CAUSE OF DEATI		2, 2000 2	APPROXIMATE INTER	RVAL
18.4	10.9	-017	,0	CAUSE OF DEATH			BETWEEN ONSET AND	
	DISEASE OR CO	TO DEATH	RECTLY		541 1000	0 . 4	witter!	
(This	does not mean		dying, e	(A) IMMEDIATE CAU	A CONSEQUENCE OF:	LAX MAYE	eccory	
heort	foilure, asthenia,	etc. It meons	the dise		A CONSEQUENCE OF	- 1		
tnjury	or camplication		deom.	(1)	1 1 - 1 - 1		2.224.1	
	ANTECED	ENT CAUSES		(B) Jehls	albed ayell	ioscien	oses yeurs	
	SES OR CONE				A CONSEQUENCE OF:	>	+	
	to the abave RLYING CONDI		siding	(c) omp	luppemac -C	OPD-	10 years	
		[]			-		J J	
Z OTHER	SIGNIFICANT CO		NTRIBUTIN	1G (0) 2 d	TRO C.	200	20111	
	E DEATH BUT NO			AL GEREC	100-100	recene !	2070	. F
		N 198. CON	DITION FO	OR WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES,	WERE FINDINGS CONSIDERED	
19A.D.		WAS PER	FORMED			IN CERTIFIE	NG CAUSES OF DEATH:	
OR CO	CCIDENT WAS LENTRIBUTING Color (notify medical e			21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If In I	Baltimore City, give exoct location)	
☐ 21 D. TI		(Doy) (Year)	(Hour)	21E. INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?		
OF INJ				While At Not Whil				
				Work At Work				
22. 1	ertify that (1) (this hospit al	l) attende	ed the deceased from		19ta	Jul 1972 19	
that () (we) last saw	the decease	ed alive	on med ful	19.7.2 ond	that in (my) (as	ur) apinion death accurred an th	e date
and he	our and from the	e causes stat	ted abav	a. (+) (We) (did) (did nat) v	iew the body after death	h.		
23A. St	GNATURE	1		1 . 0			23B. DATE SIGNED	
Edward Blacklay & Director Director Phys. 1 ans 72								
23C, PH	IYSICIAN'S	NUN		DEGREE	23D. ADDRESS	rtiys. —	1000	
	AME (Type)	= 0.4	11 00 01	1 11 1	Bant	0.1	Han to the	
	-1(9,19)	CAC	HAM	DEGREE	Halling	rue une	Hospitals	
24A. BURIA	CREMATION,	24B. DATE		NAME of CEMETERY OF CRI	EMATORY 24D.	LOCATION)	(City, town, or county) (S	tote)
	rial	4 Aug	72 1	Most Hily Redeem	ner Cemetery B	altimore,	Md. 21206	
25A. DATE	REC'D BY HEAL	TH DEPT	25B. NAA	NE OF REGISTRAR	25C. FUNERAL DIRECT	OR	ADDRESS	
DIR	1977	Klady	13 An	RUNNARAL	Ullrich Fun	eral Home	, Balto., Md. 21206	3
VS 150-DEV	/ 1/1/6R	7		12-8-11	1300			



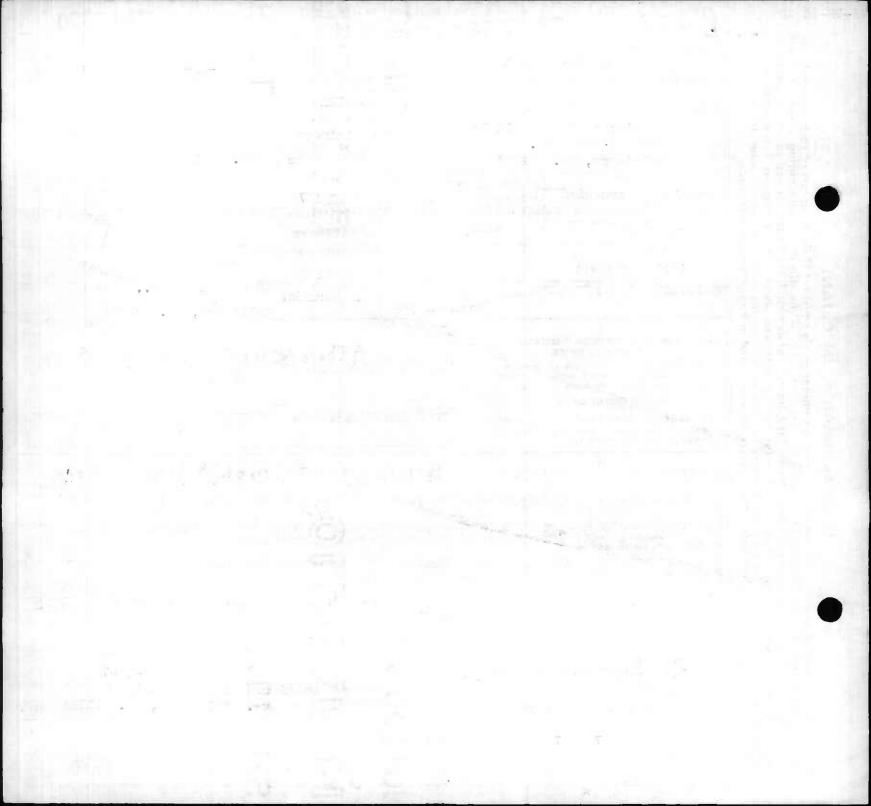
12 07369 BALTIMORE CIT	Y HEALTH DEPARTMENT					
	ATE OF DEATH REG. No. 72 07369					
BIRTH NO.	STATE OF MARYTAND-DUNG					
(Type of Phint) LEONARD BIRTWISLEDMARD BIRTWISLEDMARD	O DATE AND HOUR OF GRAFIL					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland St Mary's					
INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
75	Hollywood YES NO I					
3 University Hospital	Half Pone Point					
5. SEX 6. RACE 7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs. Manths! Days Hours Min.					
Male White WIDOWED DIVORCED	Dec. 26. 1946 25					
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR'	11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY?					
	Maryland US					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Roy Birtwistle	Elizabeth May Snively					
15. Was Deceased Ever In U. S. Armed Farces? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT Lexington Park,					
No 215 44 4153	Jo Anne Birtwistle 22 Chinlee Drive Md.					
18. CAUSE OF DEAT	H APPROXIMATE INTERVAL					
LEADING TO DEATH OUT / //	vanio civi svai Da occió					
IThis does not mean the mode of doing, is a wife (A) IMMEDIATE CA	A CONSEQUENCE OF:					
IThis does not mean the mode of example the DUETO, OR AS injury or complication which caused death.	A CONSEQUENCE OF:					
ANTECEDENT CAUSES	wanit provident					
DISEASES OR CONDITIONS TO GOVE THE TOTAL OF AS	A CONSEQUENCE OF:					
inse to the obave cause Al stating the						
C)						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
S IO THE DEATH BUT NOT RELATED TO THE TERMINAL OUTPUT						
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
5/30/)2 Subdural Hemation	a great					
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., or CONTRIBUTING CAUSE OF	n or about 21 C. WHERE DID (If In Baltimore City, give exact location) fice bldg., INJURY OCCUR?					
Robert	- Patripet Beach Rie 9 8-00					
	21F. HOW DID INJURY OCCUR?					
Work At Work	I good of struck dies embackanos					
22. I certify that (1) (this haspital) attended the deceased from	7/30/ 1922 to 7/30/ 1922					
that (1) (we) last saw the deceased alive an 7/30/	19 2 and that in(my) (aur) aplaian death accurred an the date					
and have and from the causes stated above. (1) (We) (did not) view the bady after death.						
23A. SIGNATURE						
Michael A Chasin M b DEGREE Phys. Med. Director Phys. Q >/3 P/2						
23C. PHYSICIAN'S NXME (Type)	23D. ADDRESS					
MICHAEL CHASIN MARGARE	UNIV MO, HOSP					
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of CRI	MATORY 24D. LOCATION (City, town, or county) (Stote)					
Burial Aug. 3, 1972 Joy Chapel Cem						
25A. DATE REC'D BY HEALTH DEPY. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS					
AUG3 1972	W. Clarke Mattingley Leonardtown, Maryland					

1 12.01

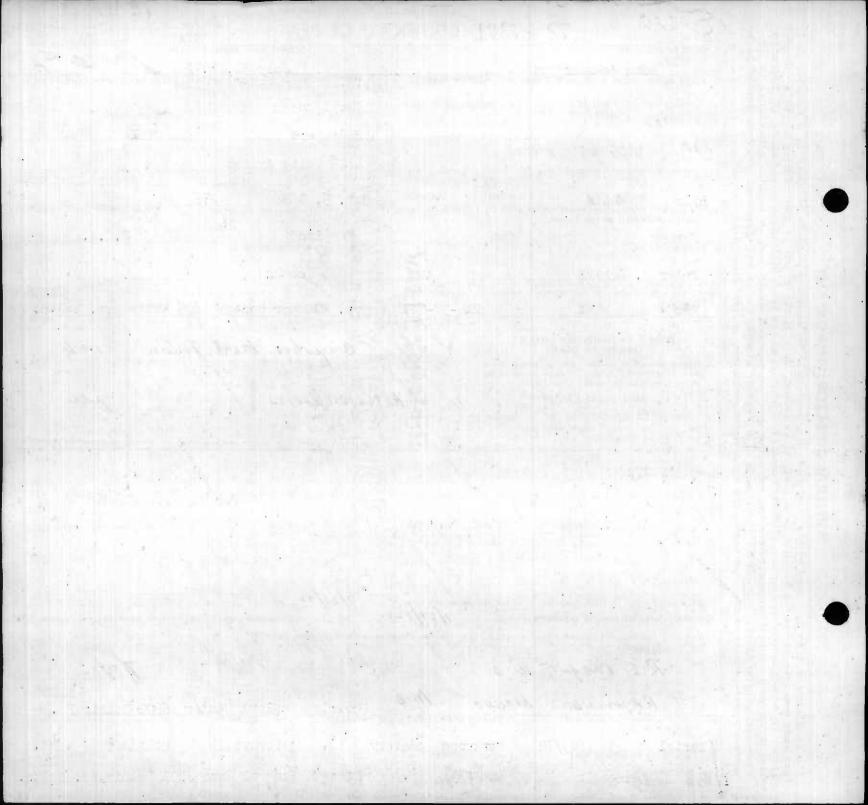
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-	مص		#	-	v	~	v	200	

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

6	2 (7)		BALTIMORE CITY	HEALTH DEPARTM	ENT	1-71	2 07370
В	7-630 72 ()	73	70 CERTIFICA	TE OF DEA	TH REG. N	U.	MARYLAND-DHMH
	NAME OF DECEASED TOPE OF Print Katherine Barre				ATE AND HOUR OF D	EATH	
3.	PLACE IN BALTIMORE, MARYLAND, WHERE P	RONO	UNCED DEAD	4. USUAL RESIDENCE	E (Where deceased live	. –	9:30 P
FU	JLL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTIT	TUTION, GIVE STREET	Maryland	. COUNTY		2612
IN	Baltimore City Hosp			C. CITY OR TOWN		. INSIDE CIT	
	2 4940 Eastern Ave.		-20	Baltimore	MARK	YES [X NO .
)	Baltimore, Md. 212	224		4940 East		224	
1	Female Caucasian WIDO	OWED		8. DATE OF BIRTH 12-20-1871	9. AGE (in year lost birthdoy) 100	s If U	nder 1 Yr. if Under 24 H hs Days Hours Min.
dor	LUSUAL OCCUPATION (Give kind of work 10 B, Kill ne during most of working life, even if reffred) housewife		ome	Baltimore	or foreign countryl	12.0	TITZEN OF WHAT COUNT
13.	FATHER'S NAME			14 MOTHER'S MAID	EN NAME		
	William Barrett			Janet ?			
15. (Ye	Wee Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give war or dotes of se	rvice)	1 & SOCIAL SECURITY NO.	17. INFORMANT BCH Records	4940 Easte	H	
			212-26-2766 CAUSE OF DEATE		Baltimore,	Md. 2	21224 APPROXIMATE INTERVAL
NO	(This does not mean the mode of dying, heart failure, astheria, etc. it means the disinjury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, it is not the above cause (A) stating UNDERLYING CONDITION tast.	giving the	(B) DUE TO, OR AS	A CONSEQUENCE OF	schrotic diseo		8 yrs,
CERTIFICATION	TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19 A DATE OF OPERATION 19 B CONDITION	FOR		20A-AUTOPSYT (Ye			GS CONSIDERED OF DEATH?
ERTI	WAS PERFORMED			NO		G CAUSES O	P DEATH?
-	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21B hon etc.	RPLACE OF INJURY (e.g., it ne, form, factory, street, of J	n ar about 21C, WHERE fice bldg., INJURY OC	CU K? (If to B	oltimore City,	give exact lacation)
MEDICAL	21D.TIME (Month) (Doyl (Year) (Hour OF INJURY (APPROX.)		INJURY OCCURRED Not White At Work		DID INJURY OCCUR?		
	22. I certify that (I) (this hospital) atten	ded t	he deceased from	10-7-	19 64 to	7/1	5/ 19.72
	that (1) (we) last saw the deceased alive		47	1972		r) apinian d	eath accurred on the do
	and hour and fram the causes stated abo	ve. (I) (We) (dld) (dld nat) v	lew the bady after a	death.		
	23A. SIGNATURE					23 B, D	ATE SIGNED
	K. Lanham	W	DEGREE Phys				-15-72
	23C. PHYSICIAN'S NAME (Type) Lan Rayn			4940 Easter	timore City I n Ave. Balt	Service A	ls Md. 21224
24/		4C. N	AME of CEMETERY OF CRE	MATORY	24D. LOCATION	(City, town	, or caunty) (State)
	Burial 7-31-72	Gı	reenmount Ceme	tery	Baltimore, N	Maryland	d
25/	A. DATE REC'D BY HEALTH DEPT. 258. N.		OF-REGISTRAR	25C. FUNERAL DI			ADDRESS
\$3	150-REV. 1/1/68						



-	-	4		BALTIMORE CIT	Y HEALTH	DEPARTMENT		72)7371	
-	5-6/C	2	72 073	71 CERTIFICA	ATE O	F DEATH	REG. NO	TE OF MA	RYLAND-DH	MII
, N	AME OF DEC	EASED				2. DATE A	ND HOUR OF DEATH		- 45	
Iy	pe or Print)	dam John	Scharf			July	31. 1972		5.75	9 M.
3.			LAND, WHERE PRO	NOUNCED DEAD	4. USUA A. STAT		ore decoosed lived. If	institution: ros	dence before odm	ission)
FU	LL NAME OF	(IF NOT I	OR LOCATION	STITUTION, GIVE STREET		vland OR TOWN	In IN	SIDE CITY LIM	2.51	
N:	NOITUTION						0. 114	YES T	NO	
1	20	4605 Wh	ite Avenue			timore ET AND NUMBER		153 [[]	140	
_						5 White Av				
	SEX	6. RACE		ED NEVER MARRIED	B. DATE	OF BIRTH	9. AGE (In years lost birthday)	If Under Months D	Yr. If Under 2 loys Hours	4 Hrs. Vin.
	Male	White	WIDOW	OF BUSINESS OR INDUSTR	Oct.	5, 1896 IPLACE (Stote or form	75	In our	1 05 1111 1 50	INITAVA
		working life, even		OL BOSINESS OK INDOSIK	I II. BIKIF	IFLA CE (Store or for	eign country)	12. CITIZE	N OF WHAT CO	UNIKT
	Farmer		Ov	m	Ma	ryland		U.	S.A.	
3.	FATHER'S NA	ME				HER'S MAIDEN NA	ME			
2	Peter	J. Schar:	Armed Forces?	1 6. SOCIAL	17. INFO	sa Coombs			DDRESS	
Ye	s,no or unknown	(If yos, givo v	Armed Forces? var or dotes of service	SECURITY NO.	17. 1141-01	WANT			212	206
	Yes	WW:		211-38-7211	Mrs.	Eleanor S	Scharf 4605	White A	Ave. Balto	٥.
Π	1B. // //	1001		CAUSE OF DEA					APPROXIMATE INTE	RVAL
	DISEA	SE OR CONDI	TION DIRECTLY			1.	./ ~ ~		I WEEN ONSET AND	DEATH
		LEADING TO	DEATH	(A) IMMEDIATE CA	LUSE CA	ngestive	Hert Fail	urc	1 ack	
			mode of dying,	9-, DUE TO, OR A	S A CONSE	VENCE OF:				
			II meons the disec h caused death.)	ise,				A 14		
		ANTECEDENT	CAUSES	10	70 010	schrous			HEALA	
				(B)	S A CONS	SCLOVOSES QUENCE OF:			10000	
			NS, if ony, givuse (A) stoling		3 × CO143	WOENCE OT.				
		G CONDITION		(C)						
		- 11								
Z			ONS CONTRIBUTION							
AT.			ATED TO THE TERMINEN IN PART 1 (A).	AL						
Ü		PERATION	19B. CONDITION FO	OR WHICH OPERATION	20 A.	AUTOPSY? (Yes or N	O) 20B. IF YES, WERE	FINDINGS C	ONSIDERED	
RTIFI	0		WAS PERFORMED		0		IN CERTIFFING C	AUSES OF DE	AIH!	
CE	21A. ACCIDE	NT WAS UNDE	RLYING	21B. PLACE OF INJURY (o.g.	, in or about	21 C. WHERE DID	(If in Boitim	oro City, give	exact location)	
AL	OR CONTRIBI	UTING CAUS / modicol exomi	EOF	homo, form, factory, stroot, etc.)	office bldg.,	INJURY OCCUR?				
DIC										
MED	OF INJURY	(Month) (Do)	(Yeor) (Hour)	21E, INJURY OCCURRED	.,	21 F. HOW DID IN	JURY OCCUR?			
<	(APPROX)			While At Not Will Not	k					
	22. Logstify	+ha+ (1) (+his	hospital) attende	d the deceased fram	7/	27/72	.19ta		19	
	Aban (1) ()	\ la=4 == Ab=	de-energy afficiacy	7/27/72	10	7				
	mar (i) (we)	lust saw the	deceased alive	7/27/72		and T	hat In (my) (our) as	oinian dearn	accurred an in	e date
			uses stated above	. (1) (We) (did) (did not)	view the	bady ofter deoth.				
	23A. SIGNATU							23B. DATE	SIGNED	
	K	.s. My	gNo au	DEGREE PH	tending	Med. Director	Staff Phys.	7/3	1/12	
	23 C. PHYSICIA	AN'S	DO MA	DEGREE	23D. ADD			1	0300	/
	NAME (Acome.	na Ma	colo M.D					2120	16
10						erlea Medic			lair Rd.	
44	REMOVAL	MATION, 24B.	DATE 240	NAME of CEMETERY of C	REMATORY	24D.	LOCATION	City, town, or	county) (S	tote)
	Burial			Parkwood Cemete	w	Par	kville	Baltimo	ore Ma	1.
254	DATE REC'D	BY HEALTH D	EPT. 25B. NAA	Parkwood Cemete	25C.	FUNERAL DIRECTO	R	T) OF 0 TEST	ADDRESS OF	1236
	00 40	12	desir hada	Les Xens		cohn Fina	and Home 71.0	T Dallas		
H	SO-REV 1/Y	38	white a	7-20-0	Tide	Saill Lille	ral Home 740	т рета	r Ho Ba	rro.
			1/ 11 4	If Month Toyall 4	7	4 1 1 1				



	M-624 72	0,23		HEALTH DEPARTM		REG. NO.		07372
1	RTH NO.	070	72 CERTIFICA			STATE	OF MA	RYLAND-DHMH
	pe ar Print)	- 11	4	2. D	ATE AND HOU	R OF DEATH		
3.	Joseph Merc	HERE PROM	IOUNCED DEAD	4. USUAL RESIDENC	7/28/7	2 Sed lived II :	netitution	5:45 a M. residence before admission)
П		AL OR INS	NTUTION, GIVE STREET	Maryland	. COUNTY	re Aruni		5200
IIIN	STITUTION		d. w.s	C. CITY OR TOWN		D. 1NS	IDE CITY L	
W	House In The Pines-			Pasadena	ARCR		YES	K ON
H	2525 West Belvedere		17		-	Λ.		
5.	Baltimore, Maryland SEX [6. RACE		NEVER MARRIED	2. DATE OF BIRTH	prest Gle	an Veors	e If Unde	- 1 V- 15 II I 04 II
M	ale XW Caua.	WIDOWE		3:/10/1894	lost birt	hdoyl	Months	Doys Hours Min.
	LUSUAL OCCUPATION (Give kind of work			11. BIRTHPLACE (Stole	7	-	lia cin	ZEN OF WHAT COUNTRY?
dor	ne during most of working life, even if retired)	44						
	Yand Forman FATHER'S NAME	Mary	land (ar (o.	Baltimore,		and	US	A
-~				14. MOTHER'S MAID				
1	Joseph Mercl				nacer			
ίΥe	Was Deceased Ever in U. S. Armed Forces, no or unknown) (If yes, give wor or dotes	of service	SECURITY NO.	17. INFORMANT	Pasac	lena. Mo	wylan	ADDRESS 21122 L'Glen Drive
	Yes World War	1	216-07-1692	Mrs. Edith	Fine Bo	x 299 F	onest	Glen Drive
	18. 492X I	317	CAUSE OF DEATH	00)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIR	ECTLY		12.19	0	1.	- 1	1 A
	(This does not meon the made at heart failure, asthenia, etc. II means	dying, e.g	DUE TO, OR AS	SE CONSEQUENCE OF:	el Chan	a ~		4 days -
	injury at camplication which caused	death.)	C7 /)				>
	ANTECEDENT CAUSES		(0)	h Ca. A				4
	DISEASES OR CONDITIONS, II	ny, givin	g DUE TO, OR AS	CONSEQUENCE OF				***************************************
	rise to the above cause (A) UNDERLYING CONDITION last	sloling th	- Land	end Art	male	***		7
	18		(c)			9220		
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO TH	E TERMINIAL						
S	DISEASE OR CONDITION GIVEN IN PART	NOT HOR	WHICH OPERATION	20A. AUTOPSY? (Ye	9 01 NOL 20B I	F YES WEDE	EINDINGS	CONSIDERED
RTIF	WAS PERF	DRMED		No	IN C	RTIFYING CA	USES OF	CONSIDERED DEATH?
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	he	B. PLACE OF INJURY (e.g., in ome, form, foctory, street, off c.)	or about 21 C. WHERE INJURY OCC	DID CUR?	(If In Boltimor	e City, giv	exact location)
MEDICAL	21D-TIME (Month) (Doy) (Year) OF INJURY	(Hour) 21	E INJURY OCCURRED	21 F. HOW D	ID INJURY OC	CUR?		_
3	(APPROX)		/hile At D Not While					
	22. I certify that (I) (this hospital)			2/10			71.5	
	that (i) (we) last saw the deceased	alive on	7128	19 72	19 <u>7 2</u> and that in(m		nion deat	th occurred on the date
	and have and from the causes state	d above.	(i) (We) (did) (did not) vi					
	23A. SIGNATURE						23B. DAT	E SIGNED
	to us or	he-	DEGREE Phys.	ding Med. Director	Staff Phys.]	7-7	28-72
	23C. PHYSICIANS NAME (Type)		DEGREE	3D. ADDRESS	,		,	
	DELAK	churs	W	79x5-570	110.00	11 1	Boot	- me had
24A	BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	-	NAME of CEMETERY OF CRE		24D. LOCATION	V (Ci	ly, lown, o	r county) (State)
1	Burial 8/1/72		en Haven Memor				1 1	1 1 00 1
25A		25B. NAME	OF REGISTRARY	Lal Park	Glen Bu	rne, A	nne H.	rundel IIId.
1	1063 1972 Dron	y	O C	1970 - 14E	las	adena,	Maryl	and 21122
VS	150-REV. 1/1/68	1	Road 15	Mc Wy F	uneral H	ome Illt.	a 7i	ch Nech Rds.

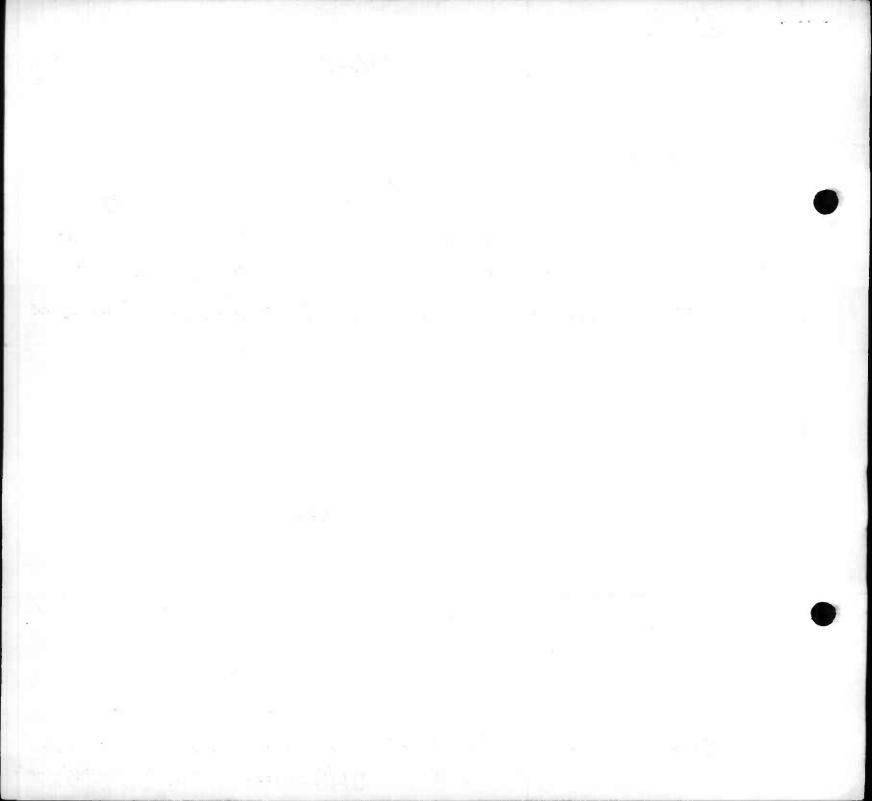
Figure 1 and 1 and 1 *C)/

BALTIMORE CITY HEALTH DEPARTMENT 72 07373 CERTIFICATE OF DEATH and Such death (5) Deceased ance on the BIRTH NO. 72 -I. NAME OF DECEASED HOUR OF DEATH (Type or Print) hospital death. M. of 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before A. STATE B. COUNTY attendance MARYLIAND cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) cause; 0 D. INSIDE CITY LIMITS? 8 GLEN NO YES prior MNIVERSITY HOSP OF MARYLAND contributing E. STREET AND NUMBER occurred GLEN BURNIE SUNSET Undetermined de. 9 5. SEX 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED If Under 1 Yr. Months Doys 9. AGE (In years If Under 24 Hrs. is ma deceased regul CAUCASIAN WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY? disposition death Ξ done during most of working life, even if retired) BALTIMORE - MD BAB Was 13. FATHER'S NAME the direct 14. MOTHER'S MAIDEN NAME 3 MARILYIX eath 0 15. Was Decoased Ever in U. S. Armed Forces? (Yes, no ar unknown) (III yes, give war ar dates of service) kind 1 6. SOCIAL 17. INFORMANT ADDRESS final SECURITY NO. attendance ŏ nines any 18. pronounced CAUSE OF DEATH 0 APPROXIMATE INTERVAL his BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Also, embalmed ō INTRAVASCULAR LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not meon the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart foilure, asthenia, etc. It means the disease, chief medical examiner gular examiner. injury at camplication which caused death.) ANTECEDENT CAUSES who 10 are 4 DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: ව rise la the abave cause (A) stating the physician UNDERLYING CONDITION last. remains burns; physician was П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). (2) Body the 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION the 20 A. AUTOPSY? (Yes or No) 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? O WAS PERFORMED YES before ere 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218 PLACE OF INJURY (e.g., in or about 21C, WHERE DID home, form, loctory, street, affice bldg., INJURY OCCUR? (II to Baltimore City, give exect location) to the hospital °N MEDICAL DEATH (notify medical examined) any nature; Wh obtained 21D. TIME OF INJURY (Haud (Month) (Day) (Yeor) 21 & INJURY OCCURRED 9 21F. HOW DID INJURY OCCUR? approved (except Not White While At (APPROX) and Work 22. I certify that (t) (this haspital) attended the deceased from 31 72 that (1) (we) last saw the deceased alive on. and that in (my) (aur) apinian death accurred an the date eath) of hospital and have and from the causes stated above. (1) (We) (dld) (did not) view the body after death. was released An accident must 23A. SIGNATURE 238, DATE SIGNED T Attending Med. Director 0 72 approval Phys. ō prior 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS ŧ OF MARYLAND UNIV 24A. BURIAL CREMATION, 24B. DATE shows: (1) eceased 24C. NAME OF CEMEJERY OF CREMATORY 0.0 24D. LOCATION (City, town, or edunty) (State) Was DATE REC'D BY HEALTH BEPT: 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/68

IMPORTANT

DIRECTOR:

FUNERAL



	Y HEALTH DEPARTMENT 72 07374
72 07374 CERTIFICA	TE OF DEATH REG. NO.
BIRTH NO. 1. NAME OF DECEASED	12. DATE AND HOUR OF DEATH
(Type or Print) (WOODFORD WHITE	7/31/72 1/2 40 B M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, It institution: residence before admission)
FILL NAME OF HE NOT IN HOSBITAL OF INSTITUTION GIVE STORET	maryland 700
FULL NAME OF HE NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Baltinese Cuty Hospitals	Baltimorie YES NO []
4940 Eastern Avenue, Batimore, Md 21224	E. STREET AND NUMBER 510 N. Lakewood Ave.
4740 Eastern Avenue, Bathmore, nu 21224	#9000000000000000000000000000000000000
5. SEX MACE CAUCASIAN 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (in years lost birthday) 16. Months Doys Hours Min. 16. Months Doys Hours Min.
IDA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY done during most of working life, even # retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Booksesser Schluderberg Kurdle	United Tyland USA
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
Maurice R. White	Fannie Elizabeth Jane Ross
15. Was Deceased Ever is U. S. Armed Forces? [Yos, no or unknown] [If yes, give war or dates of service] SECURITY NO.	17. INFORMANT 1940 Eastern Aventeess
(Yes, ne or unknown) (If yes, give war or dates of service) SECURITY NO.	BCH Records Baltimore, Maryland 21224
18.4/0 9 CAUSE OF DEAT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	USE Cardiac acrest 30 minutes
(A)IMMEDIATE CAI	USE (Andrac Weest 30 Minutes
heart faiture, asthenia, etc. It means the disease, Injury at complication which caused deaft.	
ANTECEDENT CAUSES	my ocardial Infarction 24 hours
(B) Coccos	S A CONSEQUENCE OF:
The state of the s	ro selerotic Cormay artey Person Unkann
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL PAULON DISEASE OR CONDITION GIVEN IN PART 1 (A).	wie
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED	20A AUTOPSTY (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, form, foctory, street, o	in or about DIC. WHERE DID (II in Baltimore City, give exact location) iffice bidg., injury OCCUR?
DEATH (nofity medical examined etc.)	21F. HOW DID INJURY OCCUR?
E (APPROX.) White At Not White	
22. I certify that (I) (this hospital) attended the deceased from	7/30 1972 to 7/3/ 19/2
that (I) (we) last saw the deceased alive on 1/3/	19 72 and that In (my) (our) apinian death accurred on the date
and hour and from the causes stated above. (I) (We) (did) (did not)	
23A-SIGNATURE	238, DATE SIGNED
	rending Med. Staff pt 7/3//72
NAME (Type)	23D. ADDRESS Baltimore City Hospitals
LINDA MARKLY	1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CR	11910 Eastern Avenue Baltimore Maryland (City, town, of county) (State)
Sural 8/4/72 Moreland Mem.	Balto. Md.
25A. DATE REC'D BY HEALTH DATE 25B. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR ADDRESS
AUG3 1972 Dedugy Whoston	Leonard J. Ruck Inc. Balto. Md.
VS 150-REV. 1/1/68	

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Male White WIDOWED DIVORCED 6-7-95 Ost birthdoy Months Doys Hours		HOWARD	GALL	OP		and hour of deat 19'	
Call of Now Part	3. PLACE IN BA	LTIMORE, MARYLAND,	WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If JNTY	institution: residence before odmis
Baltimore ESTREET AND NUMBER 3122 Weaver Ave. SER 6.RACE Male White Whowed Nover Married In Divorced Divorced Divorced Accounting word of working lie, even if refined) Jewelry Jewelry Maryland USA S.FAINE'S NAME John Gallop S.Was Deceased Ever in U. S. Armed Forces? SECURITY NO. To SECURITY NO. SECURITY NO. To SECURITY NO	HOSPITAL OR	(IF NOT IN HOSE ADDRESS OR LO	TTAL OR INSTITU	TION, GIVE STREET		D. IN	ISIDE CITY LIMITS?
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Male White Whote Wholes DIVORCED 6.7-95 9. AGE (in years 11 Under 17t. Under 18t. 12 Under 18t. 13 Under 18t. 14 Under 18t. 15 Under 18t. 15 Under 18t. 15 Under 18t. 16 Under 18t. 18t	3122 W	eaver Ave.			E. STREET AND NUMBER		
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Male White Mo. USUAL OCCUPATION [Give kind of working life, aven if raired] Divide during most of working life, aven if raired] Jettelry Maryland USA 3. FATHER'S NAME John Gallop S. Was Decessed Even in U. S. Armed Forces? S. Was Decessed Even in U. S. Armed Forces? S. Was Decessed Even in U. S. Armed Forces? No DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heard foilule, sathenic, etc. It meens the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving its lo the obeve couse (A) stolling the UNDERLYING CONDITION lost. (C) THE SIGNIFICANI CONDITIONS CONTRIBUTING TO HEATH OF STATION WAS FERROMACE DISEASE OR CONDITION In lost. (A) DISEASE OR CONDITION In lost. (A) DISEASE OR CONDITION IN lost. (A) OHAPPIAND (A) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving its lo the obeve couse (A) stolling the UNDERLYING CONDITION lost. (C) TO THE SIGNIFICANI CONDITIONS CONTRIBUTING TO HE TERMINAL WAS FERROMACE ON CONTRIBUTING CAUSE OF THE CONDITION IN SECURITY ON CONDITION IN SEC	. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdov)	If Under 1 Yr. If Under 24 Months: Doys Hours Mi
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Ret. Salesman Jewelry Maryland USA FATHER'S NAME John Gallop Wos Deceased Ever in U. S. Armed Forces? Structure in U. S. Armed Forces in				BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or to	oreign country)	12. CITIZEN OF WHAT COU
3. FATHER'S NAME John Gallop S. Was Deceased Ever in U. S. Armed Forces? Feb. no or unknown) lity yes, give wor or dates of service) NO TO SECURITY NO. 578—03—0798 Mrs Julia Campbell 3122 Weaver Ave 2212: APPROXIMATE IN INTERNATION CAUSE OF DEATH (This does not meen the mode of dying, e.g., injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoling the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE HERMINAL DISEASE OR CONDITION SET 1 (A). OTHER SIGNIFICANT CONDITION SET 1 (A). 193. DATE of OFERATION OF CONTRIBUTING CONDITION FOR WHICH OPERATION 212. A. ACCIDENT WAS UNDERLYING home, because while the deceased of the day 212. A. HONDERLY HOLD (I) (While harpited) attended the deceased above. (I) (We) (did) (did mot) view the body after death. 223. A. HONDERLY HOLD CONDITION DECEASED TO THE CONDITION of the course stated above. (I) (We) (did) (did mot) view the body after death. 235. ALKNATURE JOHN TO THE CAUSE OF PROVISION OF PROVI				lry	Maryland		USA
S. Wos. Deceased Fere in U.S. Armed Forces? Yes, no or unknown) (III yes, give war or dates of service) NO 15. 40	3. FATHER'S NA	ME		•			Jana
S. Wos. Deceased Servi in U.S. Armed Forces? Tes, no or unknown! (If yes, give wor or doles of service) NO 18. / I SECURITY NO. 578-03-0798 Mrs Julia Campbell 3122 Weaver Ave. 212. CAUSE OF DEATH (This does not meen the mode of dying, e.g., head folioure, schemic, etc. It means the disease, injury or complication which coused doeth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stolling the UNDERLYING CONDITION lost. (C) OTHER SIGNIFICANI CONDITIONS CONTRIBUTING TO THE ERAINAL DISEASE OR CONDITION POR WHICH OPERATION WAS PERFORMED OR CONTRIBUTING! CAUSE OF INJURY (e.g., in or about 21C, WHERE DID DEATH (a) Was PERFORMED OR CONTRIBUTING! CAUSE OF INJURY (e.g., in or about 21C, WHERE DID DEATH (a) Was PERFORMED OR CONTRIBUTING! CAUSE OF INJURY (e.g., in or about 21C, WHERE DID DEATH (a) Was PERFORMED OR CONTRIBUTING! CAUSE OF INJURY (e.g., in or about 21C, WHERE DID DEATH (a) Was PERFORMED OR CONTRIBUTING! CAUSE OF INJURY (e.g., in or about 21C, WHERE DID DEATH (a) Was PERFORMED OR CONTRIBUTING! CAUSE OF INJURY (e.g., in or about 21C, WHERE DID DEATH (a) Was PERFORMED OR CONTRIBUTING! CAUSE OF INJURY (e.g., in or about 21C, WHERE DID INJURY OCCUR? OR (NINURY) medical examinent OR CONTRIBUTING! CAUSE OF INJURY (e.g., in or about 21C, WHERE DID INJURY OCCUR? OR (NINURY) medical examinent OR CONTRIBUTING! CAUSE OF INJURY (e.g., in or about 21C, WHERE DID INJURY OCCUR? OR (NINURY) medical examinent OR CONTRIBUTING! CAUSE OF DEATH? OR (Month) (Doy) (Year) (Hour) DEATH (a) Work OR (NINURY) medical examinent OR CONTRIBUTING! CAUSE OF DEATH? OR (Month) (Doy) (Year) (Hour) DEATH (a) Work OR (NINURY) medical examinent OR CONTRIBUTING! CAUSE OF DEATH? OR (Month) (Doy) (Year) (Hour) DEATH (a) Work OR (NINURY) medical examinent OR (Month) (Doy) (Year) (Hour) DEATH (a)	John	Colled			II a mari a 44		
STR-03-0798 Mrs Julia Campbell 3122 Weaver Ave 212			orces?	1 6. SOCIAL		a	223800A
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foilure, asthenio, etc. It means the disease, injury or complication which coused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost. (C) DIE TO, OR AS A CONSEQUENCE OF: DIE TO, O		n) (If yes, give wor or do		SECURITY NO.			
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DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF ORERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH? 21A. ACCIDENT	DISEASES	OR CONDITIONS, if	ony, giving				
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURED While At Work At Work 22. I certify that (I) (this hospital) attended the deceased from 19 to 3/ 19 that (I) (NO) last saw the deceased alive an and hour and from the causes stated abave. (I) (NO) (did) (did not) view the body after death. 23C. PHYSICIANS DEGREE Phys. (1220 ADDRESS.)	UNDERLYIN	FICANT CONDITIONS C		, n			
OF INJURY (APPROX.) While At Not While At Work 19 19 10 19 19 19 19 19 19 19	OTHER SIGN TO THE DEAD DISEASE OR 19A. DATE O	FICANT CONDITIONS C TH BUT NOT RELATED TO CONDITION GIVEN IN P. F OPERATION 198. CC	THE TERMINAL ART 1 (A). ONDITION FOR WERFORMED		ene	No) 20B. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
that (I) (NO) last saw the deceased alive an ANN I 19 72 and that in (my) (NOP) apinian death accurred an tand hour and from the causes stated abave. (I) (NO) (did) (did not) view the body after death. 23A. SIGNATURE Attending Med. Staff Phys. Phys. Phys. Phys. 23B. DATE SIGNED 23B	OTHER SIGN TO THE DEAD DISEASE OR 199. DATE OF 21A. ACCIDIO OR CONTRIBUTION OF	FICANT CONDITIONS CO.TH BUT NOT RELATED TO CONDITION GIVEN IN P. F. OPERATION 198. CC. WAS PI	THE TERMINAL ART 1 (A). DNDITION FOR WERFORMED 218. 1 home	PLACE OF INJURY (e.g.,	20A. AUTOPSY? (Yes or land)	IN CERTIFYING C	
Dr. James E. White	UN DERLYIN OTHER SIGN TO THE DEAD DISEASE OR 19A. DATE OR CONTRIB DEATH (notif) 21D. TIME OF INJURY	FICANT CONDITIONS CO.TH BUT NOT RELATED TO CONDITION GIVEN IN P. F. OPERATION 198. CO.WAS PIENT WAS UNDERLYING CAUSE OF y medical examine?	THE TERMINAL ART 1 (A). DNDITION FOR W ERFORMED 218. 1 home etc.) r) (Hour) 21E. Whil-	PLACE OF INJURY (e.g., i o, torm, toctory, street, of	n or about 21C. WHERE DID INJURY OCCUR?	(If in Baltim	

AUG 3 1972 Didney Whoston

Leonard J. Ruck Inc., Balto.Md. 21214

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THE THE THE The Large

	4-500	72	07376		HEALTH DEPARTMENT	1	72 07376
BI	RTH NO.			CERTIFICA	TE OF DEATH	REG. NO	-,0
	NAME OF DECEA	SED L.	/		2. DATE AL	ND HOUR OF THE HO	F MARYLAND-DHMH
	H	ARRY M	AYNIE		July	31.1772	1/2:05 A M
1 3.	PLACE IN BALTIA	MORE MARYLAND, W	HERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (Whe	ere deceased lived. Il ins	titution: residence before admission)
E	JLL NAME OF	OF NOT IN HOSPIT	AL OR INSTITUTIO	ON, GIVE STREET	Md. B	BA Himore	C.Ty 2734
IN	OSPITAL OR	ADDRESS OR LOCA	(IION)		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
17	1 11	nd. Hosp	stal.		BAltimiRE		YES 🔀 NO 🗌
14	NIU. of	101. 11.50			E. STREET AND NUMBER3	804 Hamilt	on Ave.
5.	SEX M 6.	RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	O ACE II-	If Under 1 Yr., If Under 24 Hrs. Manths: Doys Hours Min.
	1.1	W	WIDOWED	DIVORCED	12-31-97	lost birthday	Months Doys Hours Min.
dai	A. USUAL OCCUP	ATION (Give kind of work king life, even if retired)	10B, KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (State or fare		12. CITIZEN OF WHAT COUNTRY?
11	et.				Vir	ginia	USA.
	FATHER'S NAME				14. MOTHER'S MAIDEN NA		000111
	Thom	as H. Hayr	nie		Elva Hay	nie	
15.		ver in U. S. Armed Fore		SOCIAL	17. INFORMANT	1110	ADDRESS
(Te	no or unknown) (II	yes, give wor or dote:	s of service)	SECURITY NO.			ADDRESS
-	18. // //	77	2	19-10-4430	T.H. Haynie	same	
	4/01	7	(1)//	CAUSE OF DEATH	//	2:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		OR CONDITION DIR	ECILIFIC	rete / hys	caralal de	netron CS	12 20
	(This does not	meon the mode of	dying, e.g.,	DUE TO, OR AS	SE CONSEQUENCE OF:		70073
	injury or compli	lhenio, etc. Il means colion which coused	death.)	20 L. A.	6 . O. E	Central	a Stul
	AN	TECEDENT CAUSES		Mari	Celuse Court	2	To you want
	DISEASES OR	CONDITIONS, if	ny, giving	DUE TO, OR AS	A CONSEQUENCE OF:	************************	
	rise to the	obove couse (A)	sloling the	(5)			
		11		(C)	****************	***************************************	
NO	OTHER SIGNIFICA	NI CONDITIONS CON	ATRIBUTING	1	20/	1 1 - 121	1 1 1 1 - 2
ATI	TO THE DEATH E	BUT NOT RELATED TO THE	E TERMINAL	Ssemi	a to proc	tute Uhl	muchun weens
E S	19A. DATE OF O	PERATION 198 CONT	OITION FOR WHI	CH OPERATION	20A. AUTOPSY? (Yes or No		NDINGS CONSIDERED
ERTIF	2				205	IN CERTIFYING CAU	SES OF DEATH?
AL C	OR CONTRIBUTION DEATH (notify me	WAS UNDERLYING CAUSE OF	21 B. PL.A home, f	CE OF INJURY (e.g., in orm, foctory, street, off	or about 21C. WHERE DID INJURY OCCUR?	(If in Beltimare	City, give exact location)
0	21 D. TIME (A	Aanth) (Day) (Year)	(Hour) 21E INJ	URY OCCURRED	21 F. HOW DID INJ	Hay O CCHIN?	
MEDI	(APPROX.)	•	While A	Not While		OK! OCCOR!	
		. avd.	Work	LJ At Work	7/		
		at (this hospital)		eceosed from	1/28/201		13/ 19/22
	-	st sow the deceased		J-f-3-	192and the	ot in (1879) (our popini	on death accurred on the date
	23A. SIGNATURE	om the causes state	ed abave. (+)	e) (did) (did not) vi	ew the bady after death.		
		11/2	_/	1 Ac as Attan	ding Med.		23 B. DATE SIGNED
	22C PHYSICIANS	"Ceru	70009	DEGREE	Director -	Staff Phys.	7/31/72
	23C. PHYSICIAN'S	no	0 "		3D. ADDRESS	200	
	14.	11/201	2000	DEGREE	1205 80	of and	St.
24 A	REMOVAL (Spec	:ily)	24C. NAME	of CEMETERY of CREA	MATORY 24D. LC	CATION (City.	, tawn, or caunty) (State)
	Burial	8/2/72	Mor	eland Mem.	Ra	alto. Md.	
25A	DATE REC'D BY		258 NAME OF R		25C. FUNERAL DIRECTOR		ADDRESS
	AUG3 1	972 Mrs	ad his		Leonard L	Ruck Inc.	Balto. Md.
VS	150-REV. 1/1/68		//			THE.	Dates Ma

. Date of the state of the stat

This corrificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made.

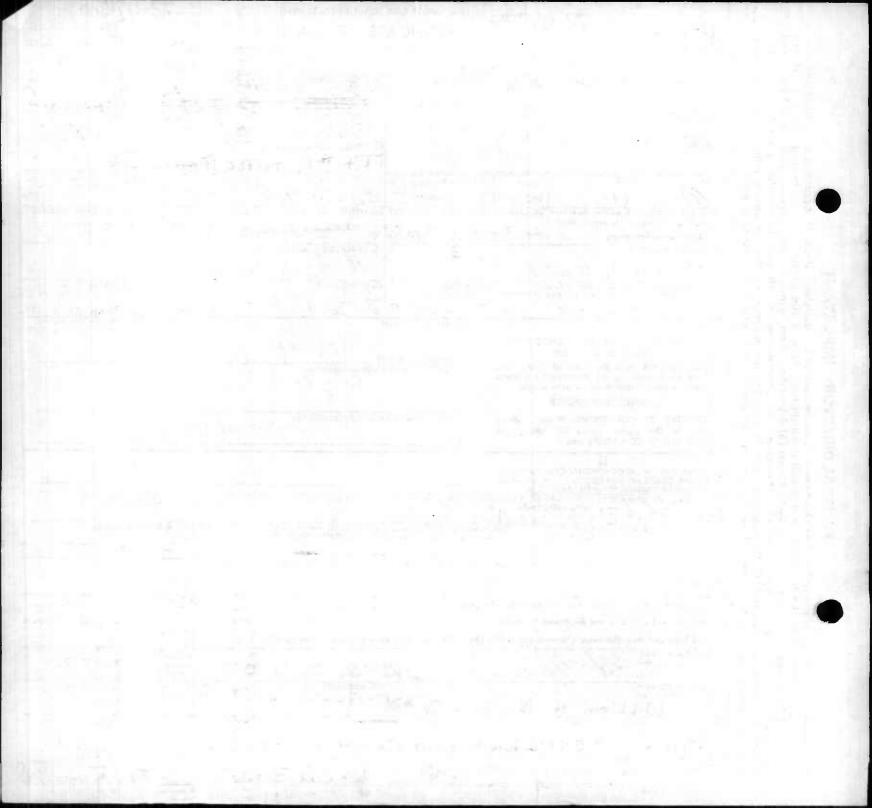
-)			BALTIMORE C	TY HEALTH DEPART	MENT		72 0	7377
	-263 in No.		0'73'7"	7 CERTIFIC			REG. NO.	E OF MAR	YLAND-DHMH
(Ty	AME OF DECE	ROBERT A		HARDSON		Jul		. / -	11:15A m.
3.	LACE IN SALT	IMORE MARYLAND, W	HERE PRONC	UNCED DEAD	A. USUAL RESIDEN	R. COUNTY	ceased lived. If In	stitution: residen	ce before admission)
FU	LL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITATION	TUTION, GIVE STREET	C. CITY OR TOWN		21707	DE CITY LIMITS	804
		LAPD GEN.	HOSP		BALTI	MORE		YES 🔽	NO 🗌
6			LVE.		E. STREET AND N				
			1701		3305	FERNDA	LE AVE		
5. 5	EX	6. RACE	7- MARRIED	NEVER MARRIED	& DATE OF BIRTH	9. A	GE (In years birthday)	If Under 1 Yr	If Under 24 Hrs.
1	MALE	STIHON	WIDOWED		JULY 13. 1	895	7.7	Trioning Doy.	THOUS THE STATE OF
10A	USUAL OCCU	PATION (Give kind of work	10E KIND O	F BUSINESS OR INDUS	RY 11. BIRTHPLACE (SI	alo or loteign c	ountry)	12, CITIZEN C	FWHAT COUNTRY?
don	during most of w	rerking life, even if refired)	DIAM	90ND CAB	VIRGI	NIA. 1	21CHMOND	U-	S. A.
13.	FATHER'S NAM		DC7	101 75 0717	14. MOTHER'S MA				
		FUGENE,	A KIL	ChARDSON	Het	Tie F	ANders	ON	
15. (Yes	Nos Decessed	Ever in U. S. Armed For Uf yes, give wor or date	ces? s of service)	SECURITY NO.	17. INFORMANT	e Ric	BARdSON	ADE	RESS
	00				MR. LEON	OWENS	-4406	BOTTE	RI
-	18.//8/	VI		CAUSE OF DE	ATH P	chmanle	1 1/0 22	APP	ROXIMATE INTERVAL EN ONSET AND DEATH
		E OR CONDITION DI	RECTLY				s, VITAS	200	
		LEADING TO DEATH		(A) IMMEDIATE	AUSE THUM'BR	ma			10 days
	(This does no heart failure,	ot mean the mode of asihenia, etc., it means	the disease	a DIIFTO OR	AS A CONSEQUENCE OF	Ft			
	injury or com	plication which caused	deathJ						
	A	INTECEDENT CAUSES		po Preun	AS A CONSEQUENCE C	A. proba	ber recu	rent	18 days
		R CONDITIONS, If			AS A CONSEQUENCE	OF:	ð		0
		condition fast	stoling the	(c)					
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Z	OTHER SIGNIFI	CANT CONDITIONS CO	NTRIBUTING	· · · · · · · · ·	dial Impare	0			- 0 . 0
ĕ	TO THE DEATH	H BUT NOT RELATED TO TO ONDITION GIVEN IN PAR	HE TERMINAL	1 mgo ch	aun amphic	my, VM	1 Hopenly	m911	years.
0		OPERATION 1198 CON	DITION FOR	WHICH OPERATION	20A. AUTOPSYR	(Yes or No. 20	B. IF YES, WERE	FINDINGS CON	SIDERED
CERTIFICATION	2	WAS PER			145		CERTIFIENG CA	USES OF DEAL	nr
I -	21A, ACCIDEN OR CONTRIBU DEATH (notify	TING CAUSE OF medical examined	21 ho	R. PLACE OF INJURY le. me, form, factory, street	office bldg., INJURY O	RE DID	(if In Boltimor	e City, give exo	ct locotion)
MEDICAL	210. TIME	(Month) (Doy) (Year)	(Houd 21	E INJURY OCCURRED	21F. HOW	DID INJURY	OCCUR		
M	OF INJURY (APPROX.)				/hile				
				ork L At W			4-	- 127	77.
		that (1) (this hospital					7	sty 18	19
١.	that (i) (we)	last saw the decease	ed alive on.	Me se	19 72	and that is	n(my) (our) opi	nion death oc	curred on the dote
	and hour and	from the couses sta	ted obove.	(i) (We) (did) (did no) view the body ofte	er deoth.			
	23A. SIGNATU	RE		MD				238 DATE SIG	NED
	/	manay,			Attending Med. Phys. Direc			mey	78,1972
	23C. PHYSICIA NAME (T)	N°S		DEGREE		MARYLAN	D GEN.	HOSP 1	
	NAME (1)	pel RT MAR	LARI	MAD. MD	907 LIN	DAKA) A	WE. BAC	TA KA	1041
		In I had for					1 / 1 / / /	((), ())	11.
24		MATION, 124B. DATE	24C 1	AME of CEMETERY OF		-			() •
24/	BURIAL CREATER OVAL (S	MATION, 24B. DATE	11	AME of CEMETERY OF		24D. LOCA		ty, town, or cou	() •
24/	BURIAL CREA	MATION, 24R DATE pecify) 7-31-1	12 U	COSTVIEW C	meteru	FARM			() •
24	BURIAL CREA	MATION, 24B. DATE pecify) T-31-2 BY HEALTH DAY	12 U	NAME of CEMETERY OF	CREMATORY	FARM		ty, town, or cou	() •
25.	BURIAL CREA	ST HEALTH DE TOUR	12 U	COSTVIEW C	meteru	FARM		ty, town, or cou	() •

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FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

D-354 72 07378 GEDTIEICA	HEALTH DEPARTMENT /2 U/3/8
BIRTH NO. CERTIFICA	TE OF DEATH STATE OF MARYLAND-DEME
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
CType or Print John A. Vettener Sr.	AUG 1, 1972 1 10 4 M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	All Tree Mars & Maryland
HOSPITAL OR ADDRESS OR LOCATIONI	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Maryland Gueral Hospital	FINKS BYY, Md. YES NO.
LI STATE CONTRACTOR	E. STREET AND NUMBER
To	Rt. #1, KEESE MAMOR DR.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DAYE OF BIRTH 9. AGE (In years II Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during good of working life, even if refired)	11. SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Salesman Contracting Supplie	- Pennsylvania, U.S.A. V.S.A.
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
Aaron Pottner	Miklar Kline
15. Was Decoused Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS A
Present of unknown of the present of services SECURITY NO. Army 1942-1945 219-16464	Brother Robert E. Pettreer Conserville Mil
18./62./1 CAUSE OF DEAT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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heart failure, astheria, etc. It means the disease,	A CONSEQUENCE OF:
Injury or complication which caused death.)	The state of the s
ANTECEDENT CANCE	8
ANTECEDENT CAUSES	A CONSTRUCTOR
	A CONSEQUENCE OF:
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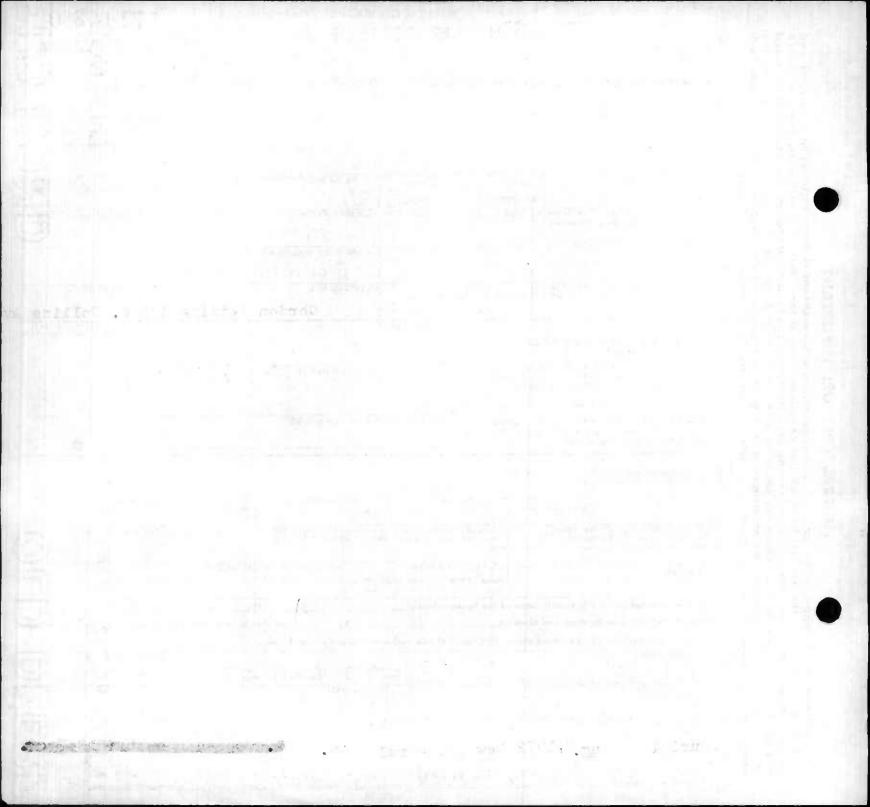
21223 CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE ASSOCIATE MEDICAL EXAMINER **EXAMINER'S** Marvin S. Platt, M.D. 7-29-72 NAME (Type) 24A. BURIAL CREMATION. 24C. NAME of CEMETERY or CREMATORY 24B. DATE 24D, LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Buria1 8-1-1972 Western Cemetery Baltimore, Maryland 25A. DATE REC'D BY HEALTH DEPT. . 258. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR **ADDRESS** AUG3 Howard H. Hubbard, 4107 Wilkens Ave. 21229 VS 151-REV. 1/1/6B

The product like

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1		BALTIMORE CITY	HEALTH DEPARTMENT		72 07380
£:352	72 073	80 CERTIFICA	TE OF DEATH	REG. NO.	7.4 0.000
1. NAME OF DECEASED				ID HOUR OF DEATH	OF MARYLAND-DIM
(Type or Print) HA!	RRY O. FE	TTING	JULY		72 2:30 A
3. PLACE IN SALTIMORE	MARYLAND, WHERE PI	ONOUNCED DEAD	4. USUAL RESIDENCE (Whee	e deceased lived, II in	nstitution: residence before admission)
FULL NAME OF	NOT IN HOSPITAL OR I	NSTITUTION, GIVE STREET		ALT.	2008
HOSPITAL OR A	DDRESS OR LOCATIONI		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
10011	2500000	11.0.0: -1.	314CF.		YES NO
2		HOSPITAL	105 S. COL	LINS AL) E
5. SEX	W WIDO	RIED NEVER MARRIED DIVORCED DIVORCED	8/18/94	9. AGE IIn years loss birthdoy)	II Under 1 Yr. II Under 24 His. Months Doys Hours Min.
IOA, USUAL OCCUPATION	N [Give kind of work 10 B, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE ISlate of forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
retire	4		MICH.	,	
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAM	ME	
AUGUST	FETTIN	6	ELENOR	CASH	
15. Was Deceased Ever in (Yes, no or unknown) lif yes,	U. S. Armed Forces?	icel SECURITY NO.	17. INFORMANT		ADDRESS
		216-07-09	85 Gordon	Fetting	105 S. Collins A
18.5/9.3	1	CAUSE OF DEAT	340	TOTOLING	APPROXIMATE INTERVAL
	CONDITION DIRECTLY		Do 1	6	BETWEEN ONSET AND DEATH
	NG TO DEATH	(A) IMMEDIATE CAU	SE KLRPING (Er	yarres	+
heart failure, astheni	n the mode of dying, a, etc. It means the dis-	DUE TO, OR AS	REPUBLICA CONSEQUENCE OF: CAN	one also	will
	n which caused death.)	Nog	ac &	x procum	- FL-K
	EDENT CAUSES	(8)			
rise to the above	NDITIONS, if any, give cause (A) stating	ving DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING CON	DITION lest.	(C)			
z	11				
TO THE DEATH BUT N	ONDITIONS CONTRIBUT	NG NAL			
OTHER SIGNIFICANT OF TO THE DEATH BUT IN THE DEA	TION 198 CONDITION	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
E	WAS PERFORMED			IN CERTIFYING CA	USES OF DEATH?
OR CONTRIBUTING DEATH (notify medical	UNDERLYING [] CAUSE OF examined	21B. PLACE OF INJURY (e.g., ir home, farm, foctory, street, of etc.)	or obout 21 C. WHERE DID ince bidg., INJURY OCCUR?	(if in Boltimer	e City, give exoct location)
O 21D. TIME (Month	Doy) IYear) Hour	21E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
S OF INJURY		While At Work Not While At Work			
22. I certify that (1	(this hospital) attend	ed the deceased fram	1	9ta	19
that (1) (we) last so	w the deceased alive	an	19and the	it In (my) (aur) apl	nian death occurred on the date
and hour and fram t	he causes stated abay	e. (1) (We) (did) (did nat) v			
23A. SIGNATURE	- 0				238 DATE SIGNED
Tellen	a. In	DEGREE Phys	nding Med.	Staff Phys.	7-30-72
23C. PHYSICIAN'S NAME (Typel			3D. ADDRESS		
FELIME		RIA PL. 1).	130N SECO	URS HO	SPITAL
24A. BURIAL CREMATION REMOVAL (Specify)		C. NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION / CICI	ly, town, or county) (State)
Burial	Aug 2.1972	New Cathedral	Cem.	JUH!	1 7570 7
25A. DATE REC'D BY HEA	LTH DEPT 258. NA	ME OF REGISTRA	25C. FUNERAL DIRECTOR	011	ADDRESS
AUG 3 197	2 Thomas	Manan	6. FROMAN	DeHWAL	35/2 TREO.
VS 150-PEV 1/1/49					



0.0

Was

23C. PHYSICIAN'S NAME (Type)

DATE REC'D

VS 150-REV, 1/1/68

24A. BURIAL CREMATION, 24B.

DATE

BY HEALTH DEP

pital and of death C

cause

Such

to death.

on the

BIRTH NO. STATE OF MARYLAND DIDER	2 ()7381
(Type or Print) Carter 2 Edva 2. Date and Hour of Death 2. Date and Hour of Death 2-24-72	72m m.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) A. STATE B. COUNTY A. STATE A. STATE B. COUNTY A. STATE	402
Baltimore YES INSTITUTION C. CITY OR TOWN D. INSIDE CI YES	
5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeors If U	Under 1 Yr., if Under 24 Hrs.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11). BIRTHPLACE (State or feeding country)	CITIZEN OF WHAT COUNTRY?
HOLLSOWIFE WAShington D.C.	U.S.A.
John Washington Lottie Wortson	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, na ar unknawn) (It yes, give war or dates at service) 16. SOCIAL SECURITY NO. 2 14-64-04-04-03 17. INFORMANT	ADDRESS Becaude
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease, injury or complication which caused death.)	yes
DISEASES OR CONDITIONS, if any, giving (8) Outureleus guerlyst DUE 10, OR AS A CONSEQUENCE OF:	year
rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES OF THE CONDITION OF	
19A. DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES C	GS CONSIDERED OF DEATH?
OR CONTRIBUTING CAUSE OF hame, factory, street, office bidg., INJURY OCCUR?	give exact lacation)
21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	

While Not While At Work (APPROX) Work 22. I certify that (i) (this hospital) attended the deceased from that (i) (we) lost saw the deceased alive on that in (my) (our) opinion deoth occurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE

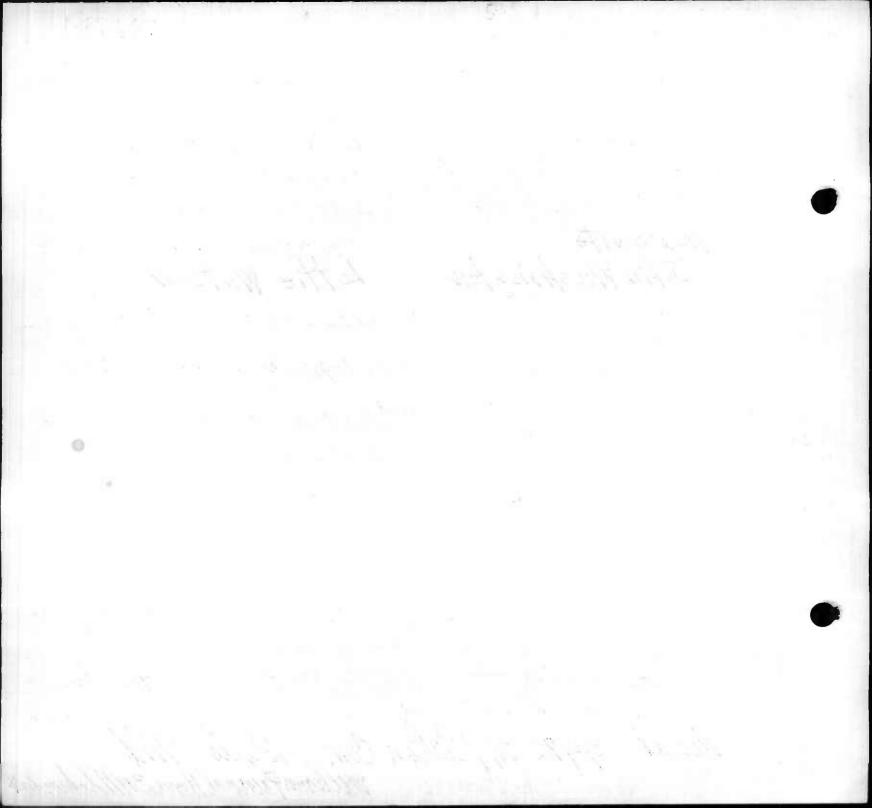
Attending Phys. Med. Director

23B, DATE SIGNED

23D. ADDRESS 24C. NAME OF CEMETERY OF CREMATOR

DEGREE

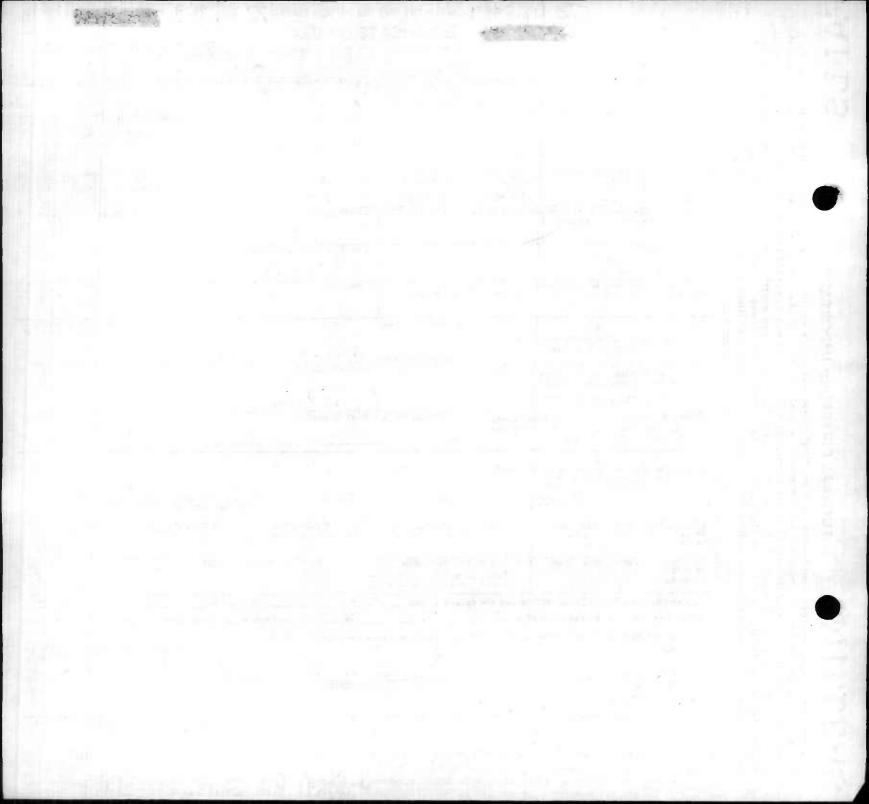
(Stote)



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

/	7_///	72	0738					72 0738	5 7		4
BII	TH NO.	2-10605		CER	TIFICA	ATE OI	DEATH	REG. NO		RYTAND-DI	חות
	pe or Printl	Baby Gir	1	clapp	04		2. DATE	AND HOUR SHALL	ASH OL MA	C 35	D.
3.	PLACE IN BAL	IMORE MARYLAND,	WHERE PRO	HOUNCED BEA	D	4. USUAI	RESIDENCE (W	here deceased lived.	If institution:	residence before	odmission!
l He	SPITAL OR	(IF NOT IN HOSPI	TAL OR IN	STITUTION, GIVE	STREET	C. CITY O			ALICE CIPIC	25	34
154	NOITUTION .	B. G. 1	1	2		C.C.IT	0 0 1	niove .	YES Y		·
_	13	00 - 60 - 7	7 .			E. STREET	AND NUMBER Talbot	4 St.			
5.	F	6. RACE	7- MARRI WIDOW	ED DIV	ARRIED 🔀	7/	24/72	9. AGE (In years lost birthday)	II Unde Months	Doys Hours	er 24 Hrs. Min.
don	LUSUAL OCCU to during most of v	PATION (Give kind of woverking life, even if retired)	NIOR KIND	OF BUSINESS O	R INDUSTR	r 11. BIRTHI	Md.	reign country)	12, CIT	ZEN OF WHAT	-
13.	FATHER'S NAM	AE				14. MOTH	ER'S MAIDEN N.	AME ,			
	u	nK.	/1 11 11				Cinto	r Cla	pher.	-	
15. (Ye	Wes Deceased s, no or unknown)	Ever in U. S. Armed Fo lif yes, give wor ar dat	rces? es of servic	e) 6. SOCIAL SECURIT	Y NO.	17. INFOR	MANT			ADDRESS	
	18.7 76	.01		CAUS	OF DEAT	IH				APPROXIMATE I	
		E OR CONDITION D LEADING TO DEATH		(a) IM	MEDIATE CA	use Nee	netal	asphya			
	heart failure,	of mean the mode of	the disea	LOTan Di		A CONSEQU		The state of the		•	*******
		NTECEDENT CAUSE				Genu	ation	•			
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS				S A CONSEC	UENCE OF:			******	*********	
		above cause (A) CONDITION last	stating	the (C)							
CERTIFICATION	ITO THE DEATH	II CANT CONDITIONS CO BUT NOT RELATED TO TO DONDITION GIVEN IN PA	HE TERMIN.	IG AL	P	-emaz	mity			***************	
RTIFIC	19A-DATE OF	OPERATION 198 CON WAS PER	IDITION FO	R WHICH OPER	ATION	20A. AL	AJO	10) 20B, IF YES, WI	ERE FINDINGS CAUSES OF	CONSIDERED DEATH?	
	OK CONTRIBU	T WAS UNDERLYING [ING CAUSE OF		218, PLACE OF 19 home, form, focto etc.)	JURY (e.g., ry, street, o	in or about 2 office bldg., It	C. WHERE DID	(Il In Bolt	imore City, giv	e exoct location)	
MEDICAL	210. TIME OF INJURY	(Month) (Day) (Year)		TE INJURY OC		1	IF. HOW DID IN	JURY OCCUR?			
2	(APPROXI			While At Work	Not Whi At Work	"· 🗆					
		that -(1) (this hospita last saw the deceas			fram	7/24	714 .	19 7 ta	7/24	19	7~
		from the causes sta				view the bo	dy after death	hat In (my) (our)	opinian dea	th accurred an	the date
	23A. SIGNATU	IE O	4						23 B, DA1	E SIGNED	
	23C. PHYS/CIA	ruly Ce.	14h	De Me	DEGREE Phy		Med. Director	Staff Phys.		7/24/72	
	NAME (Ty	James A	. K.	PPER 1	DEGREE	23D. ADDRE	5:B.	G. H.			
24/	REMOVAL (S	AATION, 248 DATE	7 2 240	NAME OF CEM	AN AN	TATUN	IY BOAT	kys of M	City town	ND"'y	(State)
254	NUG3 1	912 Did	258, NAM	E OF REGISTRAL	UN	NER.	MENTA DIRECTO	EDICAL S	CHOO	ADDRESS	
VS	150-REV. 1/1/6	8	#			PM	RAUAR	Y SERVI	CE - I	3CHD	



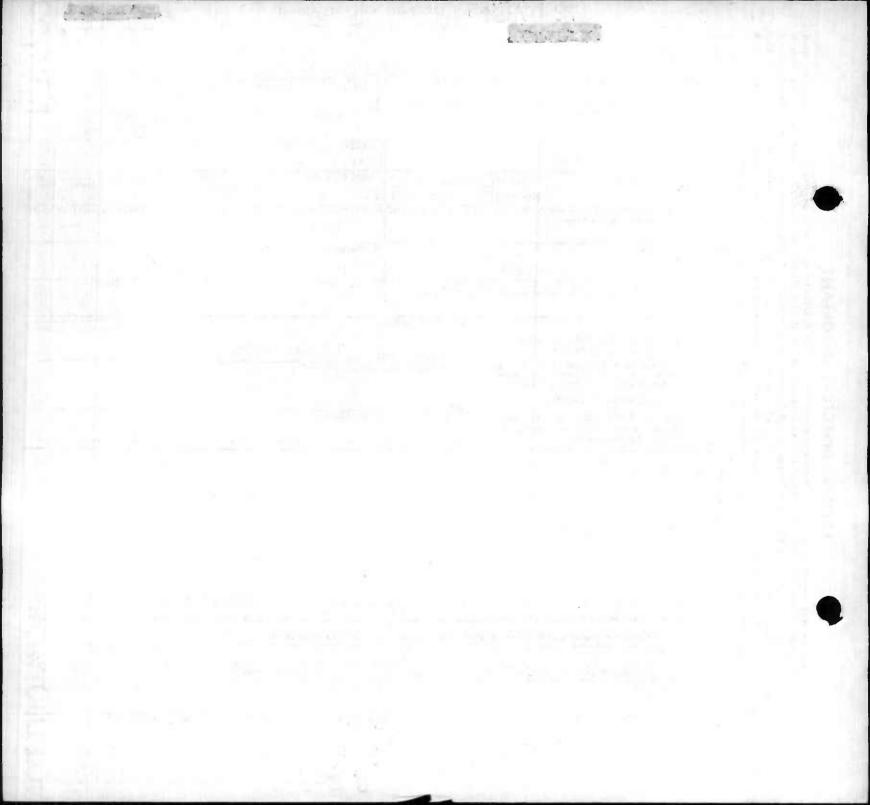
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
This certificate must be approved by the chief medical examiner or his assistant it dearn occurred in a nospital and

1	3. 501 72 07	7282 BALTIMORE CITY	HEALTH DEPARTMENT	79 67200	V
DID	J-534 10691	CERTIFICA	TE OF DEATH	REG NO	E OF MARYLAND-DHMR
1.1	AME OF DECEASED	<u></u>	2. DATE	AND HOUR OF DEAT	
(Ту	The Baby of Sincla	ir. Ulene	Ju	ly 23, 1972	5:10p.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PI	NONOUNCED DEAD	4. USUAL RESIDENCE (WA. STATE B. COL	here deceased lived. If	institution: residence before admission)
FU	LL NAME OF (IF NOT IN HOSPITAL OR I	NSTITUTION. GIVE STREET	Maryland		1538
HC	SPITAL OR ADDRESS OR LOCATION) TITUTION Provident Hosp	ital. Inc.	C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
	2600 Liberty H		Baltimore E. STREET AND NUMBER		YES NO
- 13	Baltimore, Md.		E. STREET AND NUMBER		
	<u> </u>		2405 Elsino	9. AGE (In years	
5. !	EX 6. RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
1	MIE NEELO	WED DIVORCED	7-18-72		7 18
	USUAL OCCUPATION (Give kind of work 10B, Kth during most of working life, even if retired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
			Maryland		U-S-A-
13.	FATHER'S NAME		Maryland	IAME	333383
1 S.	Wos Deceosed Ever in U. S. Armed Forces? Sono or unknown) (III yes, give wor or dotes of ser	vice) 1 6. SOCIAL	17. INFORMANT		ADDRESS
(16	, no or originally es, give wor or doles or ser	SECURITI NO.			
	1B. 7 (4 0 Y	CAUSE OF DEAT	Ulene Sinclai:	r 2405 El she	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
	LEADING TO DEATH	ALL MATERIATE CAL	ICE ANPUL	o entrales	-
	(This does not meon the mode of dying,		A CONSEQUENCE OF:	wys voor	
	hearl lailure, asthenia, etc. II means the dis injury or complication which coused death.)	ease,	. ()	
	ANTECEDENT CAUSES	Hup	polartic t	Hulong	1
	DISEASES OR CONDITIONS, il any,	iving DUE TO DR AS	A CONSEQUENCE OF:	00000	
	riso to the above cause (A) stating		Adrewal (rlands.	
	UNDERLYING CONDITION Iosi.	(C)	1700000	1	
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBU	ING			
F	TO THE DEATH BUT NOT RELATED TO THE TERM				
CA	19A. DATE OF OPERATION 19B. CONDITION		20A. AUTOPSY? (Yes or	No) 20B. IF YES, WER	E FINDINGS CONSIDERED
ERTIF	WAS PERFORMED		YES	IN CERTIFYING C	CAUSES OF DEATH?
CE	21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID	(If In Boltin	nore City, give exoct location)
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	etc.)	ince bidg., INJURI OCCUR!		
DIC	21D.TIME (Month) (Doy) (Year) (Hourt	21E, INJURY OCCURRED	21 F. HOW DID I	NJURY OCCUR?	
ME	(APPROX.)	While At Not Whi	le 🗖		
		Work At Work		71	75 79
	22. I certify that (I) (this hospital) atten	ded the deceased from JU	ly 18, 1972		
	that (I) (we) last saw the deceased olive	an July 23,	19 /Z and	that in (my) (our) a	pfnian deoth occurred on the dote
	ond hour and from the causes stated abo	ve. (I) (We) (did) (did not)	view the body ofter deot	h.	
	23A. SIGNATURE	14.6			23B. DATE SIGNED
	MOJULOFI	OEGREE Phy	ending Med. Director	Staff Phys. **	July 26, 1972
	23C. PHYSICIAN'S NAME (Type) 1	5	23D. ADDRESS		
	Merciano	00	D	-44-1 0600 T	thomas Watche too
24/	BURIAL CREMATION, 24B. DATE	4C. NAME of CEMETERY OF CR	EMATORY 24D	LOCATION	City leve you county (Stote)
	REMOVAL (Specify) 7-31-72		ANATOMY B	UAKU UF	MARYLAND
25	DATE REC'D BY HEALTH DET. 125B. N.	ME OF REGISTRAR	25C EUNERAL DIRECT	ORRECTION	CCAPADDRESS
	AUG3 1972 Traderen	alherton	UNIVERSITY	MEDICAL	SCHUUL
VS	150-REV, 1/1/6B		THE STATE OF THE	SEPANICE.	RCHI
+ 3		- 1	UTITURE LUCIE	A71.6 V 11.1	H DONE

and the control of the property Library and the library language Atm well Division of PECCHAN The state of the state of the state of the state of

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

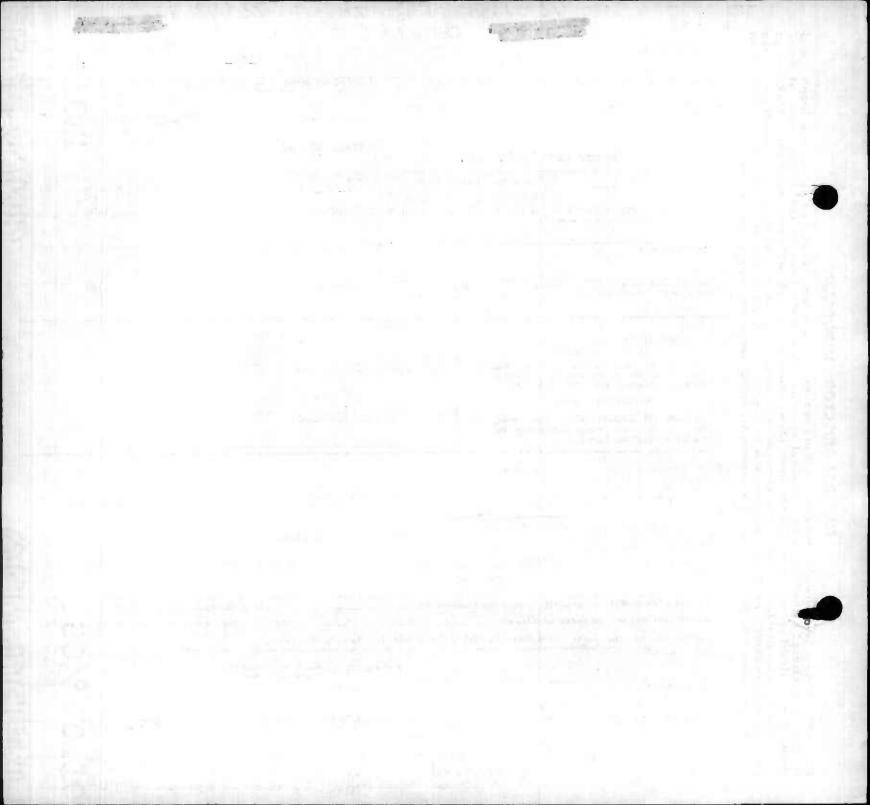
1-535 72 073	84 STATEMORE CIT	Y HEALTH DEPARTMENT	+
BIRTH NO. 72-10788	CERTIFICA	TE OF DEATH REG. NO.	- 72 07384
(Type or Print) BABY BOY	LINDEM	ANN JULY 28, 19	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR		4. USUAL RESIDENCE (Where deceased lived. II	institution; residence before admission)
FULL NAME OF (IF NOT IN HOSMTAL OR IN HOSMTAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	MARYLAND BALTIMOR	E 2533
SOUTH BALTIMORE	GENERAL	BALTIMORE	YES NO
43 HOSPITAL		SIDNEY AVE . 2310	
5. SEX 6. RACE WIDON	the state of the s	JULY 28, 1972 NB	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIN	OF SUSINESS OR INDUSTRI		12 CITIZEN OF WHAT COUNTRY?
done during most of working life, even if refired)		MARYLAND	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
HERBERT LINDE	MANN	MICHELLE BY	JRY
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give war or dates of servi	security No.	17. INFORMANT	ADDRESS
18. 202 V	CAUSE OF DEAT	il de la companya de	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY			BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CA	035	Weeks
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise		A CONSEQUENCE OF:	
Injury or complication which caused death.) ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, if any, gi	DUE TO, OR A	S A CONSEQUENCE OF:	
rise to the above cause (A) stating UNDERLYING CONDITION last.	ine		
	(c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINATE OF	NG VAL		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (a). 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1	OR WHICH OPERATION	20A. AUTOPSYT (Yes o No. 20B. IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?
LOP CONTRIBUTING CAUSE OF "	218 PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21 C. WHERE DID (II in Bolife ffice bidg, INJURY OCCUR?	more City, give exoct location)
DEATH (notify medical examines) 210.TIME (Month) (Doy) (Year) (Haus) OF INJURY	21 & INJURY OCCURRED	21F. HOW DID INJURY OCCUR	
(APPROX.)	While At Not Whi	1900	
22. I certify that (1) (this hospital) attend	ed the deceased from LO		opm JUL 28 19 72
that (1) (we) last saw the deceased alive	an July 28°	19 72 and that In(my) Gur	apintan death accurred on the date
and hour and from the causes stated above			
23A. SIGNATURE		and an end on	238, DATE SIGNED
Teresita S. Bell	ran DEGREE Phy	ending Med. Staff Phys. Director Phys.	Vuly 28, 1972
23C.PHYSICIAN'S NAME (Type)		23D. ADDRESS SOUTH BALTIM 3001 S. HANOVE	OREGENERAL HOSP
24A. BURIAL CREMATION, 24B. DATE 24	DEGREE C. NAME of CEMETERY OF CE	MINETON PAGE STARY	Cip. Twiy, or spulling (State)
REMOVAL (Specify)		Million contract of h	MAN I LAU
25A. DATE REC'D BY HEALTH PEPT. 258. NA	ME OF REGISTRAR	UNIX ERSITIVE CTONEDICAL	SCHOOLDDRESS
AUG3 1972 Didney In	horton	MORTHARY CEDY	TCE RCHIL
VS 150-REV. 1/1/68		O O O O O O	171, 90111



FUNERAL DIRECTOR: IMPORTANT

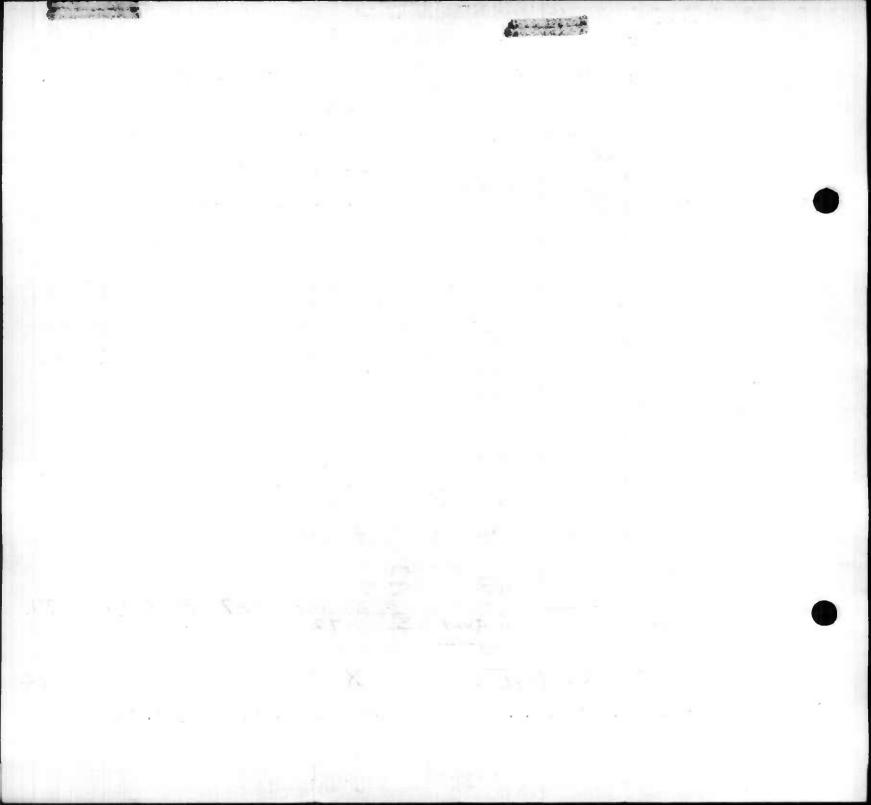
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1	1	7;	2 0738	35 BALTIMORE CI	Y HEALTH DEPARTM	ENT 72 0738	35	
7	-652				ATE OF DEA		0.	4
	NAME OF DEC	FASED				51	ATE OF MAR	YLAND-DHMB
	pe or Print)	Baby Girl	Frankl	in	2. E	7-22-72	EATH !	8:45 A
3.	PLACE IN BAL	TIMORE MARYLAND, V	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE	CE (Where deceased lived	L II institution: reside	nce before admission)
FL	ILL NAME OF	(IF NOT IN HOSPI	TAL OR INSTITU	JTION, GIVE STREET				1102
İŇ	NOITUTIES	ADDRESS OR LOC	A IION)		C. CITY OR TOWN	L. D.	. INSIDE CITY LIMITS	
	77				E. STREET AND NU	MBER /	YES	NOL
	3/	Mercy Hos	spital,	Inc.	14 E, 4	peston St		T
1	emale	N egro	WIDOWED		7-15-72	9. AGE (In years lost birthday)	Manths Poy	r. If Under 24 Hrs. Hours Min.
10/	USUAL OCCU	JPATION [Give kind of wor working life, even if refired)	108 KIND OF	BUSINESS OR INDUST	Y 11. BIRTHPLACE (Slote	e or foreign country)	12. CITIZEN	OF WHAT COUNTRY?
13.	FATHER'S NAM	AE /	1,1	1 /	14. MOTHER'S MAIL	DEN NAME		
	W	TR	ANCH	N	· ·	CARI COP	elAND	Same
(Ye	s, no or unknown)	Ever in U. S. Armed Fo	rces? es of service)	SECURITY NO.	17. INFORMANT		AD	DRESS
\vdash	18. 7 0	9 1		CAUSE OF DEA	TH		I AP	PROXIMATE INTERVAL
		E OR CONDITION DE	RECTLY		0 -			EEN ONSET AND DEATH
		LEADING TO DEATH at mean the mode of	dvina ea	(A) IMMEDIATE CA	TOOL	RESPIRATOR	RY KREST	15 minu
	heart failure,	asthenia, etc. It means plication which caused	the disease,	DUE TO, OR A	S A CONSEQUENCE OF:			
		INTECEDENT CAUSES			Imm	ATURIT	4	
	DISEASES O	R CONDITIONS, if	any, giving	(8) DUE TO, OR A	S A CONSEQUENCE OF	HUNIT		***************************************
	rise to the	condition lost	staling the	(c)				
		H		(0/				****************
ATION	OTHER SIGNIFICATION	CANT CONDITIONS CO	NTRIBUTING					
CAT	DISEASE OR CO	ONDITION GIVEN IN PAR	T 1 (A) I TS	/HICH OPERATION	120A ANTOREYS (V.	- New Year		***************************************
CERTIFIC	17-1	OPERATION 19R CON WAS PER	FORMED ///	131414 AZ	20 A. AUTOPSY? (Ye	IN CERTIFYING	CAUSES OF DEAT	NSIDERED FH?
	21A. ACCIDEN	THE CAUSE OF	216.	PLACE OF INJURY (e.g.	in or obout 21 C. WHERE	DID (If In Bo	ltimore City, give exo	ct location)
SA	DEATH (notify	medical examined	etc.)	s, torm, lociory, sireet,	office bldg. INJURY OC	COR		
MEDI	OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED		DID INJURY OCCUR?		
1	(APPROX.)		Whi	le At No! Wh				
		that #7(this hospital		e deceased from	17-15	197210	7-22	19.7.2
		last sow the decease		1-20		and that in (my) (our)	opinion death oc	curred on the date
			ted above.	(We) (did) (did not)	view the body after o	death.		
	23A. SIGNATU	Ma	iaia	OE GREE PH	ending Med.	Shaff Phys.	238, DATE SIC	24/72
	NAME (Ty	pet Mac	1200	Omn	23D. ADDRESS	000	1-00	
244	BURIAL CREA	MATION, 1248, DATE	1KHG	ME O CEMETERY OF CI	REMATE	CAN ISCALAR IN	100P	ty)A (State)
	REMOVAL (S	pecily) 1 21-	72	The second secon	PRIVATOR	RY TOWNU	JI'MAR I	EAND (Stole)
254	DATE REC'D	SY HEALTH DET.	25B, NAME O	F REGISTRAR	2 CLAUNTER S	TITY MEDIC	AL SCHA	DDKISS
	AUG3	1972 Drids	eyfort	mone	O MADTE	ADV CEDV	ICE BC	HID
VS	150-REV. 1/1/6	8	77		416714			



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

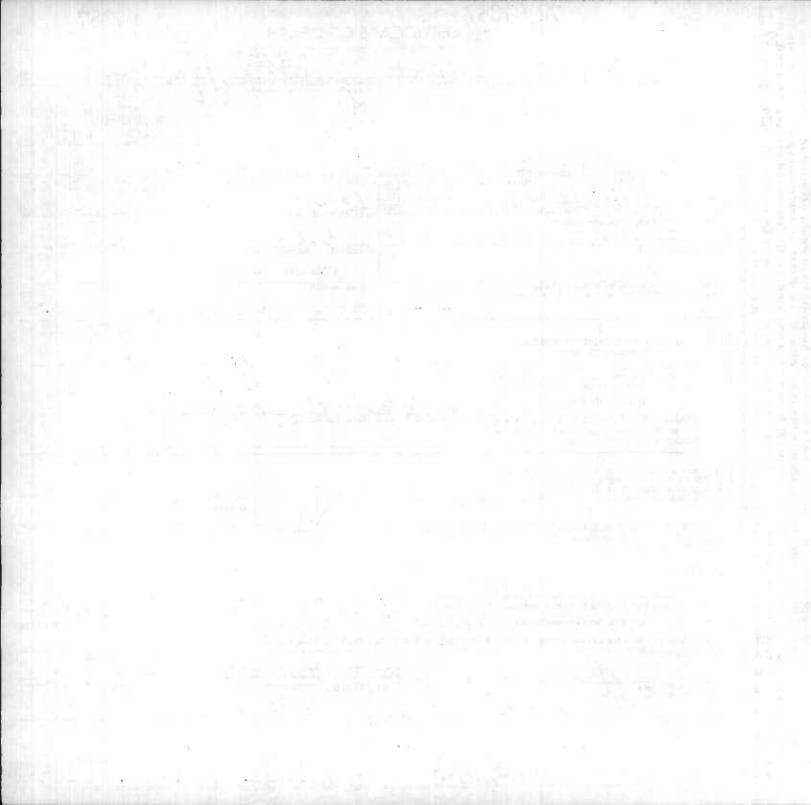
1-100	12	07386	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.			CERTIFICA	TE OF DEATH	REG. NO.	72 07386
1. NAME OF DE	CEASED				NO HOUR OF DEATH	OF MARYLAND DHML
Type or Print)	EE MARGARET	т т				1 7 00
3. PLACE IN BA	ALTIMORE MARYLAND, Y	WHERE PRONOUN	ICED DEAD	4. USUAL RESIDENCE (Who	ere deceased lived. If ins	1:00 A. N
FULL NAME OF	ADDRESS OR LOC	TAL OR INSTITUT	ION, GIVE STREET	MARYLAND C. CITY OR TOWN	P. (Alco	1401
	1305 BOLTON	STREET		BALTIMORE	D. INSI	YES X NO
00	BALTIMORE,		27277	E. STREET AND NUMBER		YES X NO
	thur i i i i i i i i i i i i i i i i i i i	LIMIT TWIND	CTCT (1305 BOLTON ST	REET	
5. SEX	6. RACE	7. MARRIED K	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
FEMALE	WHITE	WIDOWED	DIVORCED	JAN. 19, 1903	last birthday)	Manths Days Haurs Min.
tOA, USUAL OCC done during most a	CUPATION (Give kind of war f warking life, even if retired)	KIND OF B	USINESS OR INDUSTRY	11. SIRTHPLACE (State at fore	ign country!	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NA	AME			14. MOTHER'S MAIDEN NA	ME	
15. Was Decease	d Ever in U. S. Armed Fo	10002	6. SOCIAL	17. INFORMANT		
(Yes, na ar unknaw	n) (If yes, give wor ar date	es of service)	SECURITY NO.	INFORMANT		ADDRESS
18. /) [+ X		CAUSE OF DEAT	1		APPROXIMATE INTERVAL
DISEA	SE OR CONDITION DI	RECTLY	RAFACT	- 141	4	
	LEADING TO DEATH		DICENZI	CARCINI	OMATOSI	S 3 YRS.
(This does	nol meon the mode of , asthenia, etc. Il means	dying, e.g.,		CONSEQUENCE OF:	***************************************	
injury or ca	mplication which caused	death.)				4
	ANTECEDENT CAUSES					
DISEASES	OR CONDITIONS, if	anv. aivina	(B) DUE TO, OR AS	A CONSEQUENCE OF:	******************************	**********
rise lo li	ne obove cause (A) G CONDITION last.	slaling the				
ONDEREIN	G CONDITION Idsi.		(c)			
O OTHER SIGNI	II FICANT CONDITIONS CO	NITRIGUITING		ENSIVE AL		
IN THE DEA	TH BUT NOT RELATED TO T	HE TERMINAL	CARO	COVASCULAR	DISEASE	= > 7/NS,
19A. DATE OF	ONDITION GIVEN IN PAR	DITION FOR WH	ICH OPERATION	20A. AUTOPSY? (Yes at Na	20R IF YES WERE EN	NOINGS CONSIDERED
19A. DATE OF	WAS PER				IN CERTIFYING CAU	SES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF medical examiner)	21 B, PL, hame, etc.)	ACE OF INJURY (e.g., in lorm, factory, street, of	ar about 21 C. WHERE DID	(II In Boltimore	City, give exact location)
21D. TIME	(Yearl	(Hour) 21 E. IN	JURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)		While				
22 1		Work	At Work		17 7	1/9/ 70
	that (I) (this hospital				96/10 40L	
1	-last saw the decease			19.7.2 and the	at in (my) (our) opini	an death accurred an the date
and have an	d fram the causes stat	ed abave. (I) ((did) (did nat) vi	ew the bady after death.		
23A. SIGNATI	JRE /	A 1				3B. DATE SIGNED
Carl	tun he	Sestin	After Phys.	Med. Director	Staff Phys.	JULY 24, 1972
23 C. PHYSI CIA	N'S Typel		Dr. Gree	3D. ADDRESS		
CARLI		M.D.	-	819 PARK AVE.	BALTIMORE _ M	m _23203.~
24A. BURIAL CRE			DEGREE OF CEMETERY OF CRE	ADAY TO M V 12 BE L	ERIO OF ME	Salan Caroniy (State)
HEAT AND A	1-3/-	12		AIM I OULL DO		A EZ O O I
SA. DATE REC'D	BY HEALTH DET	258 NAME OF	EGGRAR	INCOME TO SERVICE	WEDICAL S	CHOGL
AUG3	1972 Treda	sy from	ston	MODTALADA	CEDVICE	BCHD
/S 150-REV. 1/1/		A		THUR MUANT	SURVICE	- DCHD



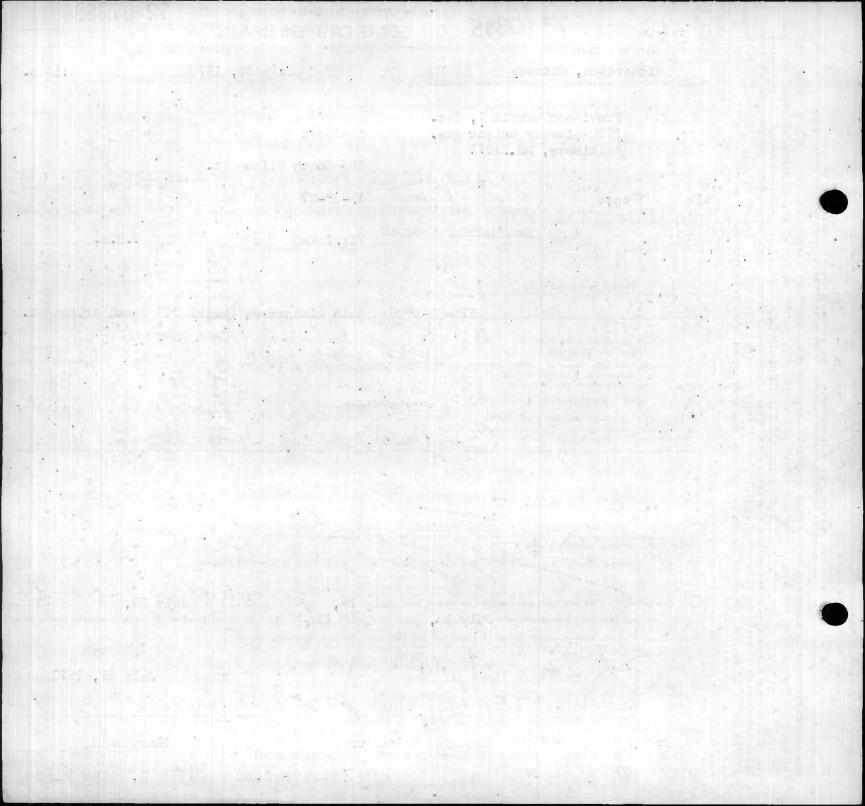
FUNERAL DIRECTOR: IMPORTANT

This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

V > 72 0'	7387 BALTIMORE CITY	Y HEALTH DEPARTMENT	mc	0 0000m
7 -500 BIRTH NO.		TE OF DEATH	STATE OF	2 ()7387 MARYLAND-DHMH
1. NAME OF DECEASED Kennedy	Elisa	2. DATE AND	HOUR OF DEATH	172
3. PLACE IN BALTIMORE, MARYLAND, WHERE ER	ONO UN CED DEAD	4. USUAL RESIDENCE (Where	deceased lived If instit	tution: residence before admis
FULL NAME OF HIF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ASTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE	CITY LIMITS?
43, 11	1 4 +	BALTIMOTE E. STREET AND NUMBER	2 v	ES NO
South Baltimore To	neral Hospilal	404 Swa	le RA.	
Flemale Black WIDD	WED DIVORCED	12-12-19	AGE (In years ost birthdoy)	if Under 1 Yr. if Under 24 Nonths: Doys Hours M
10A. USUAL OCCUPATION (Give kind bi work 108, KIN done during most of working life, even if refired)		11. BIRTHPLACE ISlate or foreig	n country)	12. CITIZEN OF WHAT COU
Custodian Sch	nool System	14 MOTHER'S MAIDEN MAM	E	4.50100
Isaiah Dozier		Pauline Gi	bson	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown! (If yes, give wor or dotes af serv	icel 6. SOCIAL SECURITY NO. 229-26-627	Marvin Kenne	dv 404 Swa	ADDRESS
18. 5 60 19 1	CAUSE OF DEAT			APPROXIMATE INTERV
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Pachersta	ed lile	DEL WEEN ONSET AND D
This does not mean the mode of dying, heart failure, asthenia, etc. It means the disc	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	y juru	
injury at camplication which caused death.) ANTECEDENT CAUSES	7+	- +11	1-1	
DISEASES OR CONDITIONS, if any, gi	ving (B) DUE TO, OR AS	A CONSEQUÊNCE OF:	Reguest	012
rise to the above cause (A) stating UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINATION OF THE TERMINATION	NG			***************************************
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION F WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING	OR WHICH OPERATION	20A. AUTOPSY? (Yes at No)	208, IF YES, WERE FINE	DINGS CONSIDERED
OR CONTRIBUTING CAUSE OF DEATH Inolify medical examined	21B PLACE OF INJURY (e.g., in home, farm, foctory, street, of etc.)	n or about 21 C. WHERE DID	(If In Bollimore C	Ity, give exact location)
OF INJURY (Month) (Doy) (Year) (Hour) (APPROX.)	While At Not While Work At Work	21F. HOW DID INJU	RY OCCUR?	1 40
22. I certify that (I) (this hospital) attend		3/ 930	1/2 10 Aug 1	3 am 19/
that (1) (we) last saw the deceased alive and hour and fram the causes stated above	111		In (my) (our) pinio	n death occurred on the
23A. SIGNATURE DIN L	ana Ame	nding Med. S	leff /O/	B. DATE SIGNED
23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS	C- 4	Jug 1 - /-
REMOVAL (Specify)	C. NAME of CEMETERY of CRE	D		lown, or county) (Stat
Burial 8/5/72 SA. DATE REC'D BY HEALTH DEATH 1258, NAV	Arbutus Mem.P	ark A	rbutus, Mar	
AUGS 1977 Todougla	Morton		.Rice 130	O N. Eutaw Pl
'S 150-REV. 1/1/68				



	K-263	72	07388	CERTIFICA	TE OF DEA	TH REG.	NO.					
ased ased the Such	BIRTH NO.			O EKTITO,		DATE AND HOUR OF		RYLAND-DHMH				
9 5 5	(Type or Print)	hardson, Ott	OWOW					4:15 p.M.				
Dece	3. PLACE IN BALT	IMORE, MARYLAND, V	VHERE PRONOUN	CED DEAD	4. USUAL RESIDEN	CE (Where deceased li B. COUNTY	ved. If institution: re	4:15 p.M. esidence before admission)				
5)	FULL NAME OF	(IF NOT IN HOSPIT	TAL OR INSTITUTI	ON, GIVE STREET				2006				
dus e; (INSTITUTION	Providenc			Maryland C. CITY OR TOWN		D. INSIDE CITY LI	Command Command				
n o n	-	2600 Liber			Baltimore E. STREET AND NU	IAADED	YES 🔀	NOL				
Loo Con .	-37	Baltimore,	, Md . Z1Z1:			Hilton St.						
but but lar lar	S. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In ye	eors If Under	1 Yr. If Under 24 Hrs.				
mi mi mi mi mi mi mi mi mi mi mi mi mi m	Male	Negro	WIDOWED		11-29-07	lost birthdoy)	Months	Doys Hours Min.				
re re re re re re	IOA, USUAL OCCU	PATION (Give kind of wor	k 10B. KIND OF B	USINESS OR INDUSTRY		te or foreign country)	12. CITI2	EN OF WHAT COUNTRY?				
in de dior	Cook	vorking life, even if retired)	Schind	ler Peanut	Virginia		11	5.A.				
de de de de de de de de de de de de de d	13. FATHER'S NAM	ΛE			14. MOTHER'S MAIL	DEN NAME	0.,	2000				
a the desired							- P.M.)				
itant e di ind; eoth e on af d	15. Was Deceased	Ever in U. S. Armed Fo	rces?	6. SOCIAL	17. INFORMANT			ADDRESS				
ist he kin de ce ce	No	itt yes, give wor or don		SECURITY NO.	Don't Dist		265 0	h 1773 h OA				
if i	18. 44 / 1	7.3-1		578=05-8996 CAUSE OF DEAT	H KUER KICH	1 . 17	1/1	APPROXIMATE INTERVAL				
f an f an nce end d o	DISEAS	E OR CONDITION DI	RECTLY (arterio	sglerat	te Hear	Vi disla	SETWEEN ONSET AND DEATH				
Als Als		LEADING TO DEATH		(A) IMMEDIATE CAL	se Lougest	ive heart	ailue!	Mean				
	heart failure,	ol meon the mode af osthenio, etc. It means	s the disease,	DUE TO, OR AS	A CONSEQUENCE OF:		-	0				
ner oct oct pr ula		ANTECEDENT CAUSES Description which caused death.) ANTECEDENT CAUSES Description or complication which caused death.) ANTECEDENT CAUSES										
fr fr ho eeg				(B) DUE TO OR AS	A CONSEQUENCE OF		neurilla	1 week				
W W	rise la lhe	R CONDITIONS, if above cause (A)		Pil	A CONSEQUENCE OF	2/	+	1 1 17				
ins ins	UNDERLYING CONDITION Iasi. (3)(c) Illmondry Frydration I week											
ico lico rns sic sic	Z OTHER SIGNIE	II ICANT CONDITIONS CO	NITDIBLITING		(
med be be be be be c n n n	TO THE DEAT	H BUT NOT RELATED TO TO NOTICE OF THE PARTY	THE TERMINAL					***************************************				
dy dy e F	U 19A. DATE OF	OPERATION 198. CON WAS PER	IDITION FOR WH	IICH OPERATION	20 A. AUTOPSY? (Y	es or Not 20B, IF YES	, WERE FINDINGS	CONSIDERED				
ch Bo Bo th	ERTIFE ERTIFE	0	-		480	9		905.				
the (2) (2) ere o ph	OR CONTRIBU	TING CAUSE OF	home,	ACE OF INJURY (e.g., i form, factory, street, of	n or obout 21 C. WHER	E DID (If in	Baltimare City, give	exact facation)				
re; (he No	0	medical examiner	etc.)									
osp osp ost v (6) ned	OF INJURY	(Month) (Doy) (Year)	(Hour 21E II	ALT Not While		DID INJURY OCCUR	?					
no cep cep	(APPROX.)		Wask	Al Work								
the the ex								19.72				
of of of of of of of of of of of of of o	that (I) (we)	lost saw the deceas	ed olive on Ju	Ly 30,	19_72	ond that in (my)	our) opinian deot	h occurred on the date				
ased to dent of lospital death) must be		from the couses sto	ted obove. (I) ((We) (did) (dld not) v	iew the body ofter	deoth.	18 I - III.					
must eleas ccide hos to de to de	23A. SIGNATU	KE WY		A. D. Atte	nding Med.	Staff	23 B, DAT	E SIGNED				
	22.C. BUYELEIA	X	ivad	OE GREE Phy	s. Directo	or Phys.	July	31, 1972				
os r n a at ior	23C. PHYSICIA NAME TH	pe) 111	STEIL	1105 117	23D. ADDRESS	o lin	•	D0 /				
certificate body was r rs: (1) An a D.O.A. at ased prior ten approv	24A. BURIAL CREA	AATION IN DATE) IEW	DEGREE	, ~)0	120 10000000000000000000000000000000000	uson	Blude				
- TO 0 -	REMOVAL (S	pecify)	24C. NAN	/	MATORY	24D. LOCATION	(City, town, o					
This cer the bod shows: was D.C decease	Buria		2 Ha	rmony Ceme		NIPS CTOR	Maryl	and				
This the last was was dece	ALIC 9	1072	wy task	- Marke	25C. FUNERAL D		1700 NT T					
	VS 150-REV, 1/1/6	1312 /0/40	1		Ollante	S ₁ A.Rice	1000 N.E	Cutaw Place				



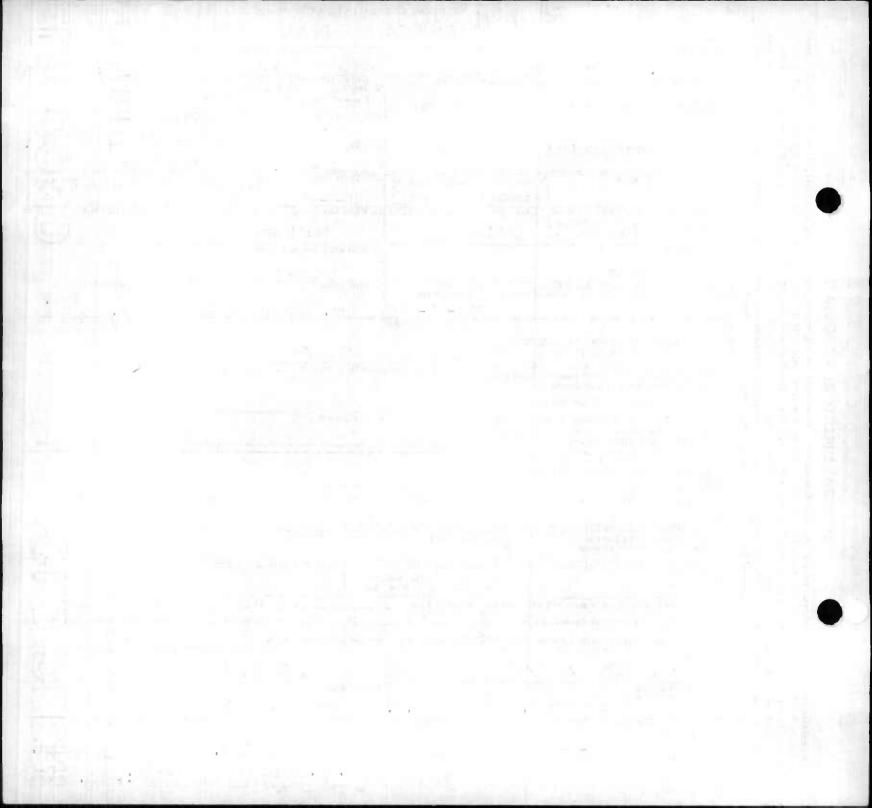
18)-653	1 ~1€	07	200	BALTIMORE CITY	HEALTH DEPARTA	MENT	×'	72 0	7389
	TH NO.		. 07	303	CERTIFICA	TE OF DEA	ATH	REG. NO.	DE MAR	RYLAND-DHMH
	AME OF DECEA	SED IZ			.00	2. 1	DATE AN	D HOUR OF DEATH		
		URAN	01	ord	Mrs.	Daisy	7/0	25/72		N
3. 1	LACE IN BALTIM	ORE MARYLAND, W	HERE PRO	NOUNCE	DEAD	4. USUAL RESIDEN	CE (When	e deceased lived. It is	nstitution;	residence before admission)
FUI HO INS	LL NAME OF SPITAL OR TITUTION	(IF NOT IN HOSPIT	AL OR IN	STITUTION	, GIVE STREET	C. CITY OR TOWN		AA	IDE CITY L	5200
-	Ran	Secour	. 1	05 D	tal	BAlta.		D. 1143	YES 🗖	
	34	occour	(1	,	1 (E. STREET AND NU	JM BER	27 N. C		y Stil
5. S	EX 6.1	RACE	7- MARR	ED N	EVER MARRIED	8. DATE OF BIRTH	1 11	AGE (In years	If Unde	S. Home
	F	B	WIDOW		DIVORCED	12-10		ast birthday)	Months	Doys Hours Min.
10A.	USUAL OCCUPA	TION (Give kind of work				11. BIRTHPLA CE (Stat	le or foreit	7 3	10.617	IZEN OF WHAT COUNTRY
done	Domesti	ing life, even il retired) C Worker				MARY	lan	d	12. Cili	ZEN OF WHA! COUNTRY
13. F	ATHER'S NAME		_	4		14. MOTHER'S MAIL	DEN NAM	AE .		
1 1	Idward	d Bran	for	d		Idell	a	CTray SO	n	
15, V	Vos Deceosed Eve	r in U. S. Armed For	cas?	1 6. S	OCIAL	17. INFORMANT	-	0		ADDRESS
	O	yes, give wor at dote	s at service		ECURITY NO.	Idella	Thom	neon 172	5 Mu	rsery Rd.
1	1B. // /			×/'	1-16-1035		THOM	baon 115) Nu	•
	DISEASE C	R CONDITION DIR	ECTLY		CAUSE OF DEAT	-				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		DING TO DEATH			(A) IMMEDIATE CAU	se Rec	uren	t cva		1 das
	heart failure, asti	mean the mode of tenia, etc. It means atian which caused	the disec	l.g., IS e ,		A CONSEQUENCE OF:		******************		
		ECEDENT CAUSES				150110	7			111
		CONDITIONS, if	anu aiu	ta a	(B)	A CONSEQUENCE OF)			Weeks
	rise to the o	bove cause (A)	sloling	lhe	(c)	A CONSEQUENCE OF	•			
		11			(0)	***************************************				
ATION	IO THE DEATH RI	NT CONDITIONS CON JT NOT RELATED TO TH JITION GIVEN IN PART	IE TERMINI	IG AL	(55555555555555555555555555555555555555					
CERTIFICATION	9A-DATE OF OP	ERATION 198 CONI WAS PERF	DITION FO	R WHICH	OPERATION	20A. AUTOPSY? (Y	es of No)	208 IF YES, WERE I	FINDINGS USES OF I	CONSIDERED DEATH?
CAL	PIA. ACCIDENT VOR CONTRIBUTION DEATH (notify med			21 B. PLAC home, fam etc.)	E OF INJURY (e.g., in factory, street, all	or obout 21 C. WHERE INJURY OC	DID CUR?	(If In Boltimore	e City, give	e exoct lacotion)
3	TID.TIME (M. OF INJURY	anth) (Day) (Year)		While At	RY OCCURRED Not While		DID INJU	RY OCCUR?		
				Wark 1	At Work					/
		(l) (this hospital)			eased from	7/24/72	19	to	7/25	17 2 19
1	hat (I) (we) las	t saw the decease	d alive o	n	(125/72	19	and that	In(my) (our) opin	nion deat	h occurred on the date
0	and hour and fro	m the causes state	ed above	(I) (We)	(did) (did not) vi	ew the body ofter				
2	3A. SIGNATURE	01 1				/			238, DAT	E SIGNED
		Chertan			DEGREE Phys.	ding Med.	S S	hys.	7	125/72
2	3C.PHYSICIAN'S NAME (Type)	CHAIN	AN		DEGREES 2	3D. ADDRESS	BON	1 55000	IRS	HORP
24A.	BURIAL CREMAT REMOVAL (Speci	ION, 248. DATE	24C	NAME of	CEMETERY OF CRE	MATORY	24D. LO	CATION (Cir	y, town, or	r county) (Stole)
	Burial	8-7-70	2	361 4						
25A1	JG 3 197	HEALTH OFFT:	25B WAM	18:19	uburn Cen	25C. FUNERAL DI Charle	RECTOR	Winans, Ma		ADDRESS
VS 13	50-REV. 1/1/68		1		and the	1 Sugara	a war	Rice 1300) N.L	Lutaw Place

301 Bishop Ave. AAco. 2/12/68 This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was B.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	72 07390 BALTIMORE CIT	Y HEALTH DEPARTMENT
	CEDTIEIC	ATE OF DEATH REG. NO. 72 07390
	NAME OF DECEASED	STATE OF MARYLAND-DHMH
- 11	Type or Print) MASON, ALMA BAKER	7/29/72 7: A.M.
	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, if institution; residence belose admission) A, STATE B, COUNTY
- 11	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET, ADDRESS OR LOCATION)	MARY LAND 1502
	LUTHERAN HOSPITAL	D. INSIDE CITY LIMITS?
		E. STREET AND NUMBER
	<u>'</u>	1611 MCKEAN AVE.
	6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. II Under 24 His. Months; Doys Hours; Min.
	7 WIDOWED DIVORCED DOUGHER OF BUSINESS OR INDUSTRI	1-11-95 77
	one during most of working life, even it retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	3. FATHER'S NAME	VIRGINIA U.S.
1	WILLAM J. BAKER	MARY C HAMLETT
Įį	5. Wes Deceosed Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT (SISTER) ADDRESS
	SECURITY NO.	11/1-22
	18. CAUSE OF DEAT	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH
	(This does not mean the mode of dying, e.g., (A) IMMEDIATE CA	A CONSEQUENCE OF:
	heat loilure, asthenia, etc. It means the disease, injury or complication which caused death.)	A CONSEGUENCE OF:
	ANTECEDENT CAUSES	victero he Heart Dicease
	DISEASES OR CONDITIONS, it any, giving ise to the above cause (A) stating the	A CONSEQUENCE OF:
	UNDERLYING CONDITION lost. (C).	
	11	
	5 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
	WAS FERFORNIED	IN CERTIFYING CAUSES OF DEATH?
11	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	in or oboft 21C. WHERE DID (If In Boltimore City, give exact location)
	010	
	I [Approx.]	21F. HOW DID INJURY OCCUR?
	Work LJ At Work 22. I certify that (I) (this hospital) attended the deceased from	
	that (I) (we) last saw the deceased alive on 7-29-72	19 22 to 7 - 29 19 25
	and hour and from the causes stated abave. (1) (We) (did) (did not) v	the little of the state of the
	23A. SIGNATURE	238, DATE SIGNED
	Laurella M. Victo Mie M. Poegree Phys	anding Med. Staff Phys. Druga 7-29-72
	NAME (Type)	23D. ADDRESS
2	LOURDES M. VICTORIA, H.D DEGREE A. BURIAL CREMATION, 1248, DATE 124C, NAME of CRAFTERY OF CRE A. BURIAL CREMATION, 1248, DATE 124C, NAME of CRAFTERY OF CRE A. BURIAL CREMATION, 1248, DATE 124C, NAME of CRAFTERY OF CRE	Luther Hospital of Mary Land MATORY 240. LOCATION (City, town, or county) (Stote)
		(Stole)
2	BURIAL 7-31-72 Mt. Auburn GA. DATE REC'D BY HEALTH DEPT. 258, MAME OF REGISTRAR	
	AUG 3 1972 Diday horas	25C, FUNERAL DIRECTOR ADDRESS VYM3CO MARCH 928 E. NORTH AVI
I	150-PFV, 1/1/68	13.0 - 170KTH WILL

4 26 211-1

72 07391 BALTIMORE CITY HEALTH DEPARTMENT 12 01331 REG. NO. CERTIFICATE OF DEATH of death Deceased and Such BIRTH NO 2. DATE AND HOUR OF DEATH OF MARYLAND-DHMH I. NAME OF DECEASED (Type or Print) 0 Roderick McRae hospital 6:05 death. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance A. STATE rect or contributing cause (4) Undetermined cause; (5) Maryland FULL NAME OF HOSMTAL OR INSTITUTION HE NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY UMITS? attend 0 YES X Baltimore NO prior E. STREET AND NUMBER Mercy Hospital occurred 21-E Mt Vernon Place 21 202 in regular disposition is mad 9. AGE (In years If Under 24 Hrs. 5. SEX 6. RACE & DATE OF BIRTH Months Days 7. MARRIED deceased NEVER MARRIED WIDOWED DIVORCED 10-5-99 10A, USUAL OCCUPATION Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired)
Retired Commercia death Artist Baltimore USA Was the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George McRae Mollie Mahon assistant death 50 15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) kind; 17. INFORMANT ADDRESS & SOCIAL or final SECURITY NO. Ave. Belvedere attendance No 059-12-818 Mrs. Marion Voelkel 117 fracture of any CAUSE OF DEATH APPROXIMATE INTERVAL pronounced BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, regular • xaminer examiner. injury or complication which caused death.) ANTECEDENT CAUSES who the remains are 4 DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) stating the (3) E physician UNDERLYING CONDITION last chief medical No physician was any nature; (2) Body burns; a medical CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A AUTOPSY2 (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the WAS PERFORMED ore 218 PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, farm, foctory, street, office bldg., INJURY OCCURY OR CONTRIBUTING CAUSE OF (If in Baltimore City, give exact facation) where he body was released to the hospital bet MEDICAL DEATH inotify medical examined obtained 21D. TIME (House 21E INJURY OCCURRED 215. HOW DID INJURY OCCUR? 9 (Month) (Day) (Year) approved Not While (except While At (APPROX.) At Work and Work 7 2 ta 22. I certify that (1) (this hospital) attended the deceased that the wey last saw the deceased alive on pe and that in (my) (our) opinion deoth occurred on the date of eath) hospital and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. must An accident 23A. SIGNATURE 23 & DATE SIGNED T Attending Med. Staff 10 Phys. approval 8 prior 23 C. PHYSICIAN'S NAME (Type) 23D. ADDRESS certificate at Kenneth P. Warrick Mercy Hospital was D.O.A. shows: (1) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (State) (City, town, or county) deceased written Burial Greenmount Balto Md. 25A. DATE REC'D BY HEALTH DEP ADDRESS 258 HAME OF PEGISTRAR 25C. FUNERAL DIRECTOR Woodenkins UG VS 150-REV. 1/1/68



This certificate must be approved by the chief medical examiner or his assistant if death ecurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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	vne or Pont)	HVVVVVV	XX Alfrieda	2. DA	TE AND HOUR OF DEATH	OS MARTHAND-DHMI
3	PLACE IN BALTIMORE, MARYLAND, WE	TERE PRONOU	NCED DEAD	4. USUAL RESIDENCE	(Where deceased lived. If in	stitution: residence before admissions
H	ULL NAME OF (IF NOT IN HOSPITA ADDRESS OR LOCATION)	L OR INSTITUT	NON, GIVE STREET	C. CITY OR TOWN	and wa	Shias You) 100 DE CITY LIMITS?
	38,1:	· · · · ·		SM. This 6 E. STREET AND NUME	UNY	YES NO 1
	UNIVERSITY PO	05/2/0		Rig 1	BOX 260	B
S.	SEX 6. RACE /	WIDOWED V	NEVER MARRIED DIVORCED	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10	A. USUAL OCCUPATION (Give kind of work)			11. BIRTHPLACE (Stole of	of foreign country(12. CITIZEN OF WHAT COUNTRY?
do	ne during most of working (ife, even if retired) Housewife	Own Ho		Johnstown,		U. S. A.
13	FATHER'S NAME	CHII HO		14. MOTHER'S MAIDEN		0. D. A.
	Assemble 5		D	THE THE S MAIDER		20
15	Augusta Wos Deceased Ever In U. S. Armed Force	-2 12	Beas		Clara	Mealey
(Y	es, no or unknown ((If yes, give wor or dotes	of servicel	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No.		B	Mrs. Mary	E. Webb, Box 2	60B Smithsburg, Md.
	18. E 8/2 01	BY BY	CAUSE OF DEATH		Injuries	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRE	CILLE	The same	N His		
	This does not mean the mode of	wing Ag	(A) IMMEDIATE CAU	SE / CO () P () CONSEQUENCE OF:	E HOOMA	17 DAYS
	heart foilure, osthenia, etc. It means in injury or complication which calculated d	ne disense	000 10, OK A3 A	A LATE ALA	E ALC	
	ANTECEDENT CAUSES	Non		MITTERIAL	206	2 13 1
		die Control	(8)	A CONSEQUENCE OF:	1x Claures	e 11 DAGS
	DISEASES OR CONDITIONS IN TO	loting the	50E 10, 0K A3	A CONSEQUENCE OF:		
١.	UNDERLYING CONDITION IL		(c)			***************************************
z	OTHER SIGNIFICANT CONDITIONS CONT	TOURILITING C	. /	. 15		\ ,
VIIO	TO THE DEATH BUT NOT RELATED TO THE	TERMINAL	Chron	ic Kels	er Tive Long	Disease 16 4/18
ERTIFICATION	19A. DATE OF OPERATION 19B. CONDI	TION FOR WH	ICH OPERATION	20A. AUTOPSY? (Yes		NDINGS CONSIDERED
RTIF	17/14/72 WAS ERFO	WRED	Spleen	1101	IN CERTIFYING CAU	SES OF DEATH?
U	21A. ACCIDENT WAS UNDERLYING	21 B, PL	ACE OF INJURY (e.g., in	or obout 21 C. WHERE DI	ID Ut In Boltimore	City, give exoct location)
CAL	DEATH (notify medical examiner)	elc.)	form, foctory, street, offi	ce pide INJURY OCCU	R?	71-00
EDIC	21D. TIME (Month((Doy((Year)	(Hour) 21 E IN	JURY OCCURRED	21E HOW DID	S SURWICK 1	CARY PORUD
W	OF INJURY (APPROXI 7-14-72 3°	PM While Work		1 dune	v in alle	- auto Collision
	22. I certify that (1) (this hospital)	ottended the	deceosed from	9-149	19 72 to Q	«(s. 3/ 19 72
	that (M(we) last saw the deceased		gr (9 31	19 92 on	//	on death occurred on the date
	and haur and from the causes stated	d above. (1) (We) (did) (did not) vi			
	23A. SIGNATURE	2 ./	2 .			238, DATE SIGNED
	Wille 1	3 4	Atten-	ding Med.	Staff Phys.	8/0 21 ,575
	23C.PHYSICIAN'S NAME (Type)	/	DEGREE	D. ADDRESS	111/3:	100 31,11th
		U			-	
24/	A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C. NAM	E of CEMETERY of CREA	MATORY 24	D. LOCATION (City	, town, or county((State)
	Burial 8- 3- 72		sant View Cen			
	A. DATE REC'D BY HEALTH BEPT 25	B NAME OF	REGISTRAR	25C. FUNERAL DIREC	TOR STATE	Fred. Co., Md.
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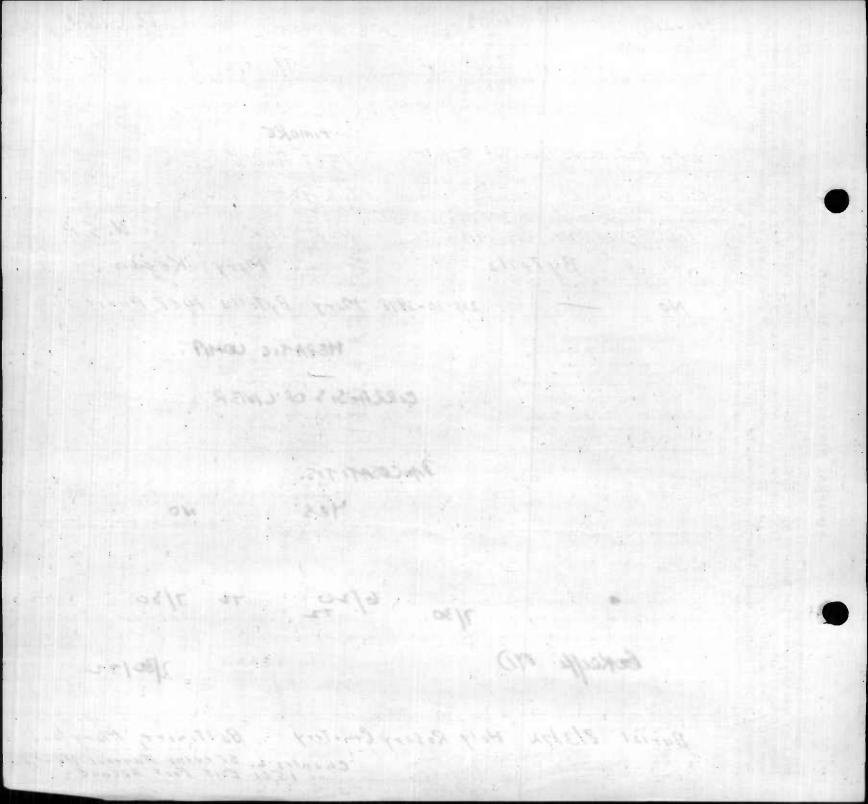
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VS 1S1-REV. 1/1/6B

72 07393 BEATE OF MAR	YLAND-L	72 07393
BALTIMORE CITY HE	ALTH DEPARTMENT	12 01000
635 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. N	10
MRTH NO.	REG. IN	
I. NAME OF DECEASED Type or Print)	2. DATE Known Month Day	Year Haur
CHESTER BURDINSKI	DEATH Estimated	м
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day	Year Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD 7 29	1972 4 p
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	S. USUAL RESIDENCE (Where deceased lived, If institu	
00 1440 E. Fort Ave.	A. STATE B. COUNT	2401
5. SEX 7. RACE 8. MARRIED NEVER MARRIED		CITY LIMITS?
male white WIDOWED DIVORCED	Balto.	WE
P. DATE OF BIRTH 10. AGE (In years If Under 1 Yr, If Under 24 Hrs.		YES X NO L
Tul. 20 1019 last birthday) -1 Manths, Days, Haurs, Min.		
July 20 1918 34	1440 E. Fort Ave.	
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	Linski
West Virginia U.S.A.		117311
4A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR lane during mast of warking life, even if retired)	Y IS. MOTHER'S MAIDEN NAME	111
checker	STEFANIA K.	ickd
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL Yes, no pounknown)(If yes, give war or dates af service) SECURITY NO.	18. INFORMANT	ADDRESS
Yes, na prunknawn) (If yes, give war or dates of service) SECURITY NO. 215-03-8980	Anna Burdinski 1401	Andre ST.
19. CAUSE OF DEA	тн	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Distance of countries of the Universal State of the Countries of the Count	ve cardiovascular disease	BETWEEN ONSET AND DEAT
LEADING TO DEATH	187	
(This does not mean the made of dying, e.g., OUETO OR	AS A CONSEQUENCE OF:	
heart failure, asthenia, etc. It means the disease, thur ar camplication which caused death.)		
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DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.		
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OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes ar Na)
7		20
₹ 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	in ar about 22C. WHERE DID (If In Baltimare City, give	exact location)
5	e bldg., etc.) INJURY OCCUR?	
☐ UTING ☐ CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hour) 22E.1NJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
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resulted from: Natural causes X Accident Sulci		er LJ
ACTUAL MI 1894	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE MALLYN A COST M.E	ASSISTANT MEDICAL EXAMINER	
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	
NAME (Type) Marvin S. Platt, M.D.		7-31-72
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)		town, ar county) (State)
Burial 8/2/72 Gettysbur	· National Centery Gettysbur	1. Pennsulvania
25A. DATE REC'D BY HEALTH DEPT. // . 25B. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR	ADDRESS
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Walter Burding 165.19. STRIBURY KIEKE IN COUNTY PROS Car Since 1401 Probe 54 Yes world wan I The state of the s

100-	- 1/	16 0	1.547	HEALTH DEPARTMENT	DEC NO	72 117391
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3. PLACE I			PRONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUN	e deceased lived. If ins	titution: residence before of
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HOSPITAL INSTITUTIO	OR ADDRE	SS OR LOCATION)		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
士	3	4		DAITIMORE		YES NO
SOUT	+ BAITIN	TORE GENE	RAL HOSPITAL	E. STREET AND NUMBER	n/ (+	
				1	RE ST.	
S. SEX	6. RACE		RRIED NEVER MARRIED	B. DATE OF BIRTH	ost birthdoy)	If Under 1 Yr. If Under Manths: Days Hours
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13. FATHER	'S NAME		, ,	14. MOTHER'S MAIDEN NAM	AE .	
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S. Was De	ceased Ever in U. S	S, Armed Farces? e wor or dates of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
٨	10 -		213-10-3998	7. INFORMANT Mary Byto	112 1400	Andre 51
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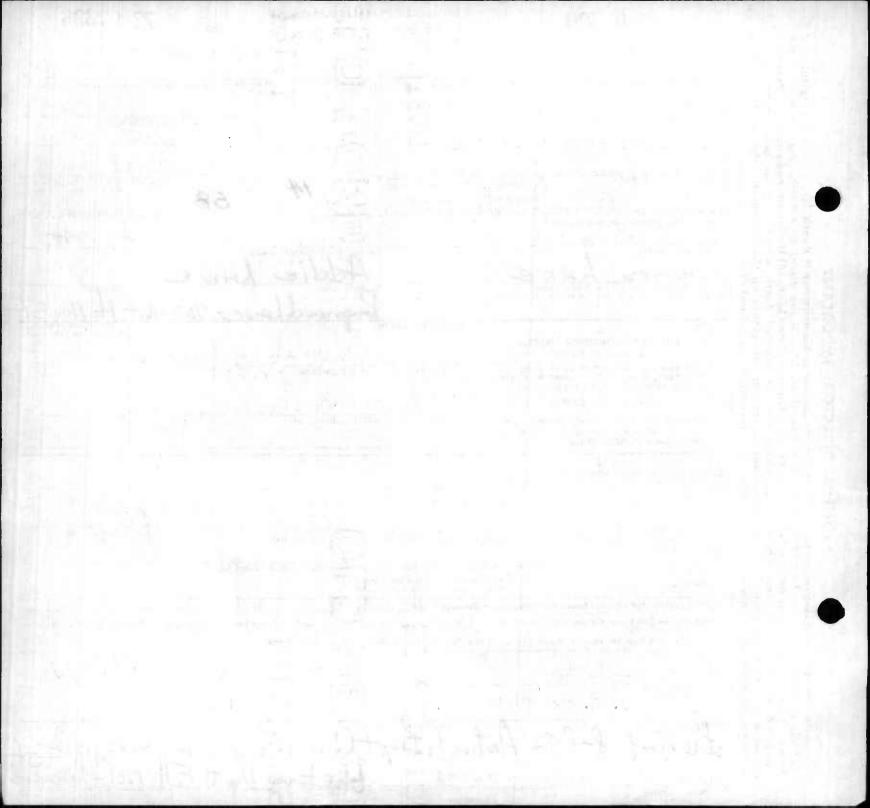
was D.O.A. at a hospital (except where the physician who pronounced

BALTIMORE CITY HEALTH DEPARTMENT

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				237-18-2350	PAULTHOR	NE 30	010 SEAMON A	AVENUE 21225
18.	561	CONDITION DIR	7.5%	CAUSE OF DEATH	н		A-	APPROXIMATE INTE
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Т	72 07396	BALTIMORE CITY	HEALTH DEPARTMENT	inge	07396
B	IDTIL ALO	CERTIFICA	TE OF DEATH	REG. NO.	01000
1	NAME OF DECEASED STATE OF MAR ype of Print MAGGIE LANC	AT'YND-DHWH	2. DATE AN	D HOUR OF DEATH	1830 PM
3	PLACE IN BALTIMORE MARTLAND, WHERE PR	ONOUNCED DEAD	A. STATE A B. COUN	re deceased lived. If institution	n: residence before admission
1	ULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	c, CITY OR TOWN	D. INSIDE CIT	807 Y LIMITS?
JI.	THE JOHNS HOPKINS HO	SPITAL	Baltimore (City YES	_/ _
		JI IIAL	e. STREET AND NUMBER	st OliverStr	eet
		WED DIVORCED	26/4/14	lost birthday Mont	nder 1 Yr. If Under 24 Hrs. hs Days Hours Min.
de	A USUAL OCCUPATION (Give kind of work 108, KIN one during most of working life, even if retired) BO Employee Q	OF BUSINESS OR INDUSTRY	a . 1/	gn country) 12.0	CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME		14. MOTHER'S MAIDEN HAM	ME	- 1
15	Was Deceased Ever in U. S. Armed Forces? es,no or unknown) (if yes, give war ar dotes of serv	16. SOCIAL	17 LINFORMANT	MANE	ADDRESS
1	es, no or strictional full yes, give war ar coles of serv	SECURITY NO.	Kaymond La	We -703-M	+ Holler St
I	18. 5 19.21	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A)IMMEDIATE CAU	« Kes purator	ry-Cardiac	6-Days
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise	C.C. DUETO OP AS	CONSEQUENCE OF:	rest	
	injury or complication which caused death.) ANTECEDENT CAUSES	robole, h	monary Pass	20 Dl. b.	
	DISEASES OR CONDITIONS, if any, gi	ving (B) DUE TO, OR AS	MONUTY (DCE	St. O	A
	rise to the obove cause (A) stating UNDERLYING CONDITION lost.	(c)		0 0000	
2	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG			
CITATI	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL	*************************	*********************************	****
CEPTIEIC	WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY! (Yes at No.)	208. IF YES, WERE FINDIN IN CERTIFYING CAUSES	GS7CONSIDERED
CAI	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, factory, street, off etc.)	or obout 21 C. WHERE DID	(If In Boltimore City,	give exect location)
MEDI	21D-TIME (Month) (Doy) (Year) (Hour) (APPROX.)	While At Not While Work At Work	21F. HOW DID INJU	URY OCCUR?	
	22. I certify that (1) (this hospital) attend	ed the deceased fram	July 19 1	97/ 10 Aug 2	1972
	that (V (we) last saw the deceased alive			at in (my) (aur) optoian de	eath occurred an the date
	and hour and fram the causes stated abay	e. (I (We) (did) (did nat) vi	lew the bady after death.	1000 5	ATE SIGNED
	IR Detaulo	Dhan		Shoff Phys.	12/72
	230 PAYSICIAN'S NAME (Type) J. R. DE PA	DEGREE	3D. ADDRESS THE JOHNS HO		AL
24	A BURIAL CREMATION 248 DATE 24	ONAME OF CEMETERY OF CRE			or county) (State)
	DUVIA 8-8-12 1	twioch Dan	ot Cem. Ru	nonial	WOINIA-1
25	A. DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	MAFELL	ADDRESS ST
14	150-REV. 1/1/68	0.00	THOR JONE	Nell I' II	101 - House



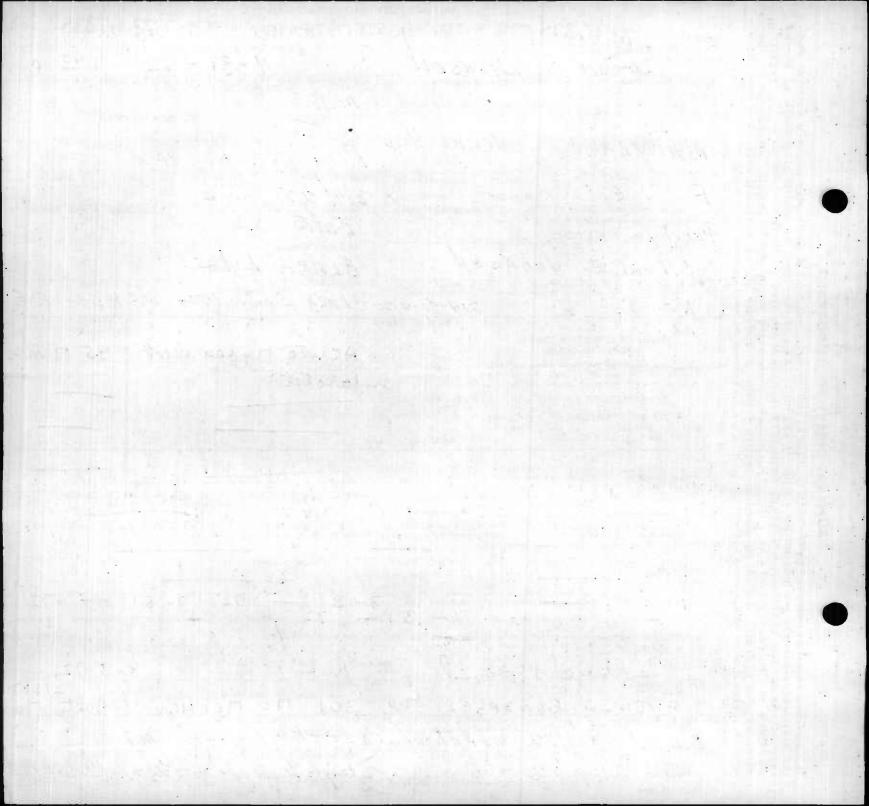
	BALTIMORE CITY HEALTH DEPARTMENT		
	72 07397 CERTIFICATE OF DEATH REG. NO. 3772 07397		
- 11	BIRTH NO. STATE OF MARYLAND-DHME 1. NAME OF DECEASED (Type or Point) 2. DATE AND HOUR OF DEATH 4.0		
	MIHGGIE HAWKINS 7/28/12 2 PM		
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. H institution: residence before admission) 8. COUNTY		
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION C. CIPY OR TOWN D. INSIDE CITY LIMITS?		
	HARBOR VIEW NURSING CENTER DAITO VES NO NOT		
	1213 LIGHT ST. BALITACRE, M. 1713-LIGHT ST.		
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hiss.		
	WIDOWED DIVORCED 1/0-1/- 8 last birthday Months: Doys Hours Min.		
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?		
	13. FATHER'S NAME		
	reter DAVAGE dette Costin		
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war of doles of service) 16. SOCIAL 17. INFORMANT ADDRESS		100 218-10-7781ST Dessie INGUIDON-42012 Gelsten De
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	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,		
	injury or camplication which caused death.)		
	DISEASES OR CONDITIONS, if any, giving (8) DUE TO, OR AS A CONSEQUENCE OF:		
	nise to the above cause (A) stating the UNDERLYING CONDITION last. (C)		
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART 1 (A).		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION WAS PERFORMED 20A-AUTOPSYT (Yes & No.) 20R. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exoct locotion) OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location)		
	21D.TIME (Month) (Doy) (Yeor) (Haud) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?		
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	22. I certify that (1) (this hospital) attended the deceased from 199 to 1928 19		
I	that (1) (we) lost saw the deceased alive on		
	ond hour ond from the couses stated obove. (1) (We) (did) (did not) view the bady after deoth.		
	Attending Med. Staff 7		
	23 C. PHYSICIAN'S 23D. ADDRESS 23D. ADDRESS		
11	doseny School 18 11154 (ALVELT) -		

24% BURIAL CREMATION, 24B DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. COCATION (City. (Stote) C 0 FUNERAL DIRECTOR AUG HEALTH DEPT! 25B NAME OF REGISTRAR ADDRESS 9 LAuver VS 150-REV. 1/1/68

1/28/69 - Adm. 422 cummins 01. Total Liebert St. market and Land

17398 STATE OF MERTAPICATE OF DEATH death Such Deceased BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) uo hospital death. of 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance A. STATE (2) cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN (4) Undetermined cause; attend 0 prior E. STREET AND NUMBER contributing made regular 9. AGE (In years 5. SEX 6. RACE B. DATE/OF MARRIED NEVER MARRIED WIDOWED DIVORCED A S 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign isposition done during most of working life, eyen if retired TKACI ICA 14. MOTHER'S MAIDEN NAME ō 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL final (Yes, no or ynknown) (If yes, give wor or dotes of service) SECURITY NO. CAUSE OF DEATH 10 18. DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSE embal heart foilure, asthenia, etc. It means the disease, injury or camplication which coused death.) gul ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF are DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) sloling the UNDERLYING CONDITION lost. the remains (C).... CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION WAS PERFORMED before 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? to the hospital MEDICAL ° DEATH (notify medical examined) etc.) any nature; obtained 21 D. TIME (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While OF INJURY be approved (except While At (APPROX.) Work Al Work and 22. I certify that (I) (this hospital) attended the deceased fram. pe that (1) (last saw the deceased alive an. of death) hospital and haur and fram the causes stated abave. (1) (Washing (did nat) view the bady after death. must accident 23A. SIGNATURE must Attending V Med. 0 Phys. Directar written approval was re 0 23 C. PHYSICIAN'S 23D. ADDRESS prior certificate NAME (Type) at An MID ANGEL 30 6 ZAL ON 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY eceased 0.0 the body shows: M ds 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF VS 150-REV. 1/1/68

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) D. INSIDE CITY LIMITS' NO YES If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exact location) _____19 72 and that In(my) (apinian death accurred an the date 23B. DATE SIGNED ADDRESS



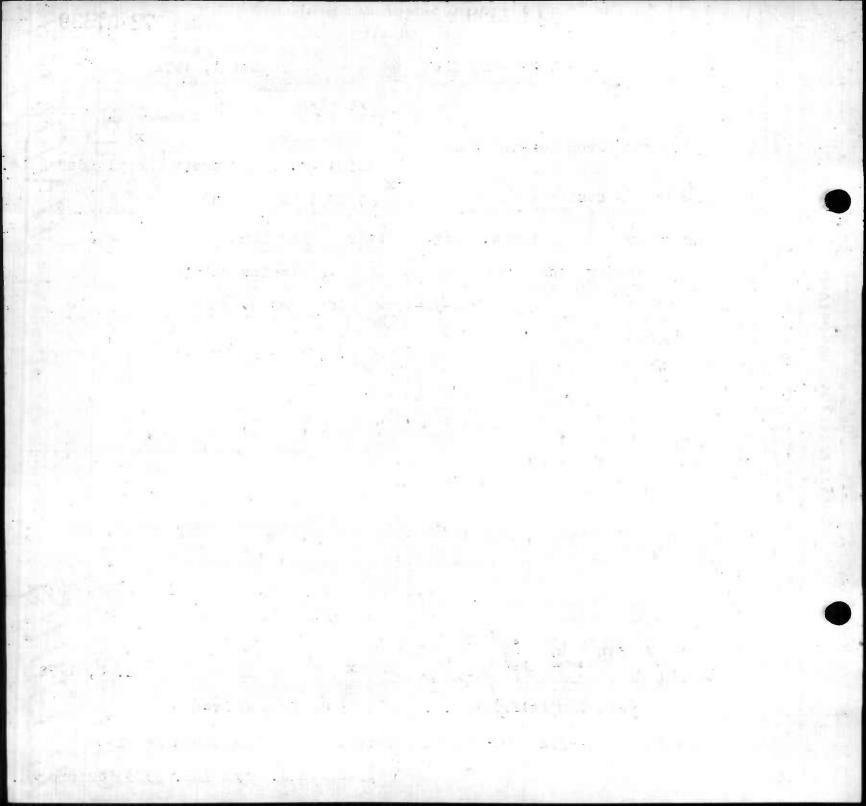
AUG 4

VS 150-REV. 1/1/6B

1972

72 ()	7399 BALTIMORE CITY	Y HEALTH DEPARTMENT	3. No. 72 07399
BIRTH NO.	CERTIFICA	TE OF DEATH	STATE OF MARYLAND-DHMH
1. NAME OF DECEASED		2. DATE AND HOUR O	F DEATH 1/00 A
MABEL FR.	ANCES KEHS	August 1	
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased A. STATE B. COUNTY	lived. If institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR	INSTITUTION, GIVE STREET	Maryland	1202
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OF TOWN	D. INSIDE CITY LIMITS?
20 7 0		Baltimore	YES NO .
Long Green Nurs	ing Home	E. STREET AND NUMBER	
*		3501 St. Paul St.	
	RRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In lost birthday	
Female Caucasian wide		7/20/1892 8	
DA. USUAL OCCUPATION (Give kind of work 10B, KI	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY
- "	nna. Power & W	ater Maryland	USA
Secretary Per	TITE TOWET OF W	14. MOTHER'S MAIDEN NAME	1 004
Leander Kehs		Louisa He	lwic
Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
es, no or unknown) (II yes, give wor or dates of se	security No. 212-12-196	2 Miss Edna S. Ke	
NO	CAUSE OF DEAT	A	APPROXIMATE INTERVAL
DISEASES OR CONDITIONS, if any, rise to the obave cause (A) station UNDERLYING CONDITION tast.	giving DUE TO, OR A:	S A CONSEQUENCE OF:	
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME		[20A. AUTOPSY? (Yes or No)] 208, IF Y	ES, WERE FINDINGS CONSIDERED
WAS PERFORME		No IN CERTI	FYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., home, lorm, factory, street, etc.)	in or obout 21 C. WHERE DID (If	in Boltimore City, give exoct locotion)
21D. TIME (Month) (Dov) (Year) (Hou	21E, INJURY OCCURRED	21F. HOW DID INJURY OCCU	R?
OF INJURY (APPROX.)	While At Not Whi		O
	Work L At Work	1956	(1110 /st 79
22. I certify that (I) (this haspital) atte	11.0. 40	19 19	· () 19/ N
that (I) (we) last saw the deceased aliv	e an Alla	19 and that in (my)	tour) apinlan death accurred an the dat
and haur and fram the causes stated ab	gye (t) (t) (dtd) (did nat)	view the body after death.	
23A. SIGNATORE	Vallet		238, DATE SIGNED
111000	Eblight) AH	ending Med. Staff Director Phys.	Aug. 2, 1972
23C. PHYSICIAN'S NAME (Type)	THE CHEGREE !!	23D. ADDRESS	1
William Hel	Endoh M D	5006 Paland Arr	anne
WITTIAM HET.	24C, NAME of CEMETERY of CI	5006 Roland Av	(City, town, or county) (State)
REMOVAL (Specity)			
Burial 8/4/72	Immanuel Cem	etery Balti	more Maryland
DATE DECED BY LIEALTH DERT 1000 M	MAAR OF DECISTDAD	125C FILMERAL DIRECTOR	ADDRESS

Ruck



VS 151-REV. 1/1/68

N-360

72 07400 STATE OF MARYLAND-DEMH MARYLAND DEMH MARYLAND DEMH

MEDICAL EXAMINER'S CERTIFICATE OF DEATH PEG NO 72 07400

BIRTH NO.											REG. N	0		
NAME OF DEC	edreau	, E	STHER	KAK	KRAWX Mar		OF EATH	K naw r	ated 🗆	Manth	Day	Year	Hour	м.
ULL NAME OF	(IF NOT		LORINST		NCED DEAD I, GIVE STREET		RONG	UNCED D		Manth 7	30 Day	19 7 2	8:55a	м.
OR INSTITUTION	1613 W	oodbou	ne A	ve.		5. U: A. S1		Md.	E (Where	deceosed l	B. COUNT	tian: residence Y	befare admissi	on)
female	7. RACE white		B. MARR WIDOW		NEVER MARRIED [≓ ∥ '	ITY O	R TOWN Ba	lto.		D. INSIDE	YES 2	№ □	
11/22/0		10. AGE (In lost birthday	years XX	If Unde Manths	r 1 Yr. If Under 24 H Days Haurs M	rs. E. Si		3 WOO		ne Av	e.			
1. BIRTHPLACE (S		country)			AT COUNTRY?	13. F	_	r's NAME stav		Radke				
4A. USUAL OCCU	PATION (Give	n if retired)		OF BU	siness or indus					ME JO	hanna B	oudenba		KKKK
6. WAS DECEAS Yes, no ar unknawn) NO	ED EVER IN U	J.S. ARMED or ar dates	FORCES of service)		7. SOCIAL SECURITY NO. 220-20-802	-		MANT Frede	eric			ADDRESS Sr. 16		
19. 4/	I OR CONDI	TION DIREC	TIV		CAUSE OF D Hyperten:	EATH			4			BETY	PPROXIMATE INT	ERVAL D DEATH
(This does n heart failure injury ar con DISEASES (RISE TO THE UNDERLYIN	at mean the condition of the condition which the condition which the condition which the condition of the co	made of dyill the means the hocoused deal	disease, th.)		(8)	OR AS A C	ONSE	QUENCE O						
TO THE DEA	IIFICANT CON	RELATED TO	THE TERM	ING INAL	(//************************************									
20 A. DATE OF				FOR W	HICH OPERATION	WAS PE	RFOR	MED				21. AUTO	OPSY? (Yes ar	Na)
22A. EXTERIUNDERLYING		RIB-		22B. PL/ hame, fo	ACE OF INJURY(e.	g., in or office bldg	obout ., etc.)	22C. WHE INJURY O	RE DID CCUR?	(If in Boltim	ore City, give	exoct location)		
		oy) (Yeor) (Hau			D OT WHILE T WORK		22F. HOW	DID IN	JURY OCC	UR?			
	JRE ER'S	Stural cou	200-1	Acc	nspection x	Autopsy cide	ASS	Iomicide CHIEF MI SISTANT M	EDICAL I			or 🗌	date sign -3 9- 72	ED
24A. BURIAL CREA REMOVAL (Special Buria	MATION, 24	8/3/	72	24C.	NAME of CEMETER				24D.	Dors		own, or county)
25A. DATE REC'D	BY HEALTH E		25B	_	F REGISTRAP	You	25C.	FUNERAL		OR		ADDRESS 5305		rd Rd

220-220-271 Live Moreograph v. Late 1885. [[Dilli

State of the state

722

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or cantributing cause of death chows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physicial control of the control of was D.O.A. at a hospital (except where the physician who pranounced death was in regular attendance on the deceased priar ta death.); and (6) No physician was in regular attendance on the deceased priar ta death. Such written apprayal must be obtained before the remains are embalmed or final dispasitian is made.

72 07401 BALTIMORE CITY	HEALTH DEPARTMENT 72 07401
CERTIFICA	TE OF DEATH REG. NO. 12 UTEUI
BIRTH NO. 1. NAME OF DECEASED	MARYLAND - DHMH
(Type or Print) COLEMAN MOLLY LAVELLE	AUGUST 1 19 72 10:45A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE 8. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
40 ST AGNES HOSPITAL	BALTO. YES NO
	3906 COLCHESTER RD BALTO MD 21229
MARKIED TO THE VER MARKIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
FEMALE CAUCASIAN WIDOWED DIVORCED	04 23 17 55
to A. USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
HSWF	MARYLAND USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
MILTON L GRIFFIN	IRENE ATKINS
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	17. INFORMAN WILKENS & CATON AVE. ADDRESS
No 217-01-8106	ST AGNES HOSPITAL RECORDS -
18. CAUSE OF DEATH	*,=
DISEASES OR CONDITIONS, il any, giving rise ta the abave cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	A CONSEQUENCE OF: A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or No) VES 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, form, foctory, street, offi	n ar about 21C. WHERE DID (If in Baltimore City, give exact location) fice bldg., INJURY OCCUR?
21D.TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Work At Work	
	ULY 15 1972 to AUGUST 1 19 72
that (X) (we) lost saw the deceased alive an AUGUST 1	19.72 and that in (my) (our) apinion death accurred an the date
and haur and fram the causes stated above. (IX(We) (did) XXXX) vi	,
23A. SIGNATURE	23 B, DATE SIGNED/
# S Reman DEGREE Phys.	nding Med. Staff 8/1/12
23C. PHYSICIAN'S NAME (Type) EI TATISM HENZAN	23D. ADDRESS
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREATER OF CREATER	MATORY 24D. LOCATION (City, town, or county) (State)
Burial 8/4/72 Loudon Parl	k Baltimore, Maryland
AUG 4 1972 258 NAME OF REGISTRAN	Edw. S. MacNabb Sons, Inc. Address 101' Frederick Rd. Catonsville, Md.
VS 150-REV. 1/1/6B	Jack The Tark

- MATERIAL BATANET

MIRTON L GILERIN

Surtal

IREME ATKINS

ALL CI-GLOGST AGYES HOSPITAL RECORDS -

Loudon Park | Bulthoore, Marrhand

THE SON, S. Madhabb Sons, Inc.

1 821.500

72 07402 BALTIMORE CIT	Y HEALTH DEPARTMENT
BIRTH NO.	ATE OF DEATH REG. NO. 72 07402
I. NAME OF DECEASED STATE OF M	ARYLAND DHIME
COOK. LOLLIE	7/27/12 16:30 Pm
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A, STATE B, COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION GIVE STREET	mp. 1753
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
UNIVERSITY HOSPITAL	BALTIMORE YEST NOT
30	E. STREET AND NUMBER
	725 GEORGE ST. BALT.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
WIDOWED DIVORCED	1///95
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR'	Y 11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY?
RETIRED	Md USA
13. FATHER'S NAME A	14. MOTHER'S MAIDEN NAME
ABTHUL COMMISTORE	
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	FIDEENE
ites, no of unknown) (II yes, give war of dates at service) SECURITY NO.	17. INFORMANT ADDRESS
NO 219 = 32 - 1608	PATIENT
18. CAUSE OF DEAT	- OFF ROALMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND GEATH
LEADING TO DEATH	USE / neumania (R) lun 3 des
heart failure, asheria etc. Il means the disease	A CONSEQUENCE OF:
injury or camplication which caused death.)	
ANTECEDENT CAUSES	of tackyrachia 1/12-1/11/2.
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:
rise to the above cause (A) stalling the UNDERLYING CONDITION last.	tris careina tom the
11	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
F TO THE DEATH BUT NOT RELATED TO THE TERMINAL STORY OF THE DEATH BUT NOT RELATED TO THE TERMINAL	
Y 119A- DATE OF OPERATION 1198. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED Could CA	IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTION OF CAMER OF INJURY IS SAIL	in ar about 21 C. WHERE DID (If In Baltimare City, give exact location)
OK CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH inosity medical examined	fice bidg., INJURY OCCUR?
21 D. TIME (Manth) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED WALL ALL WALL	21F. HOW DID INJURY OCCUR?
OF INJURY IAPPROXI	
Work Al Work	
22. I certify that (i) (this hospital) attended the deceased fram	5/10 19 > to 7/27 1972
that (1) (we) last sow the deceased alive on	19 and that in (my) (our) opinion death occurred an the date
and haur and from the causes stated above (1) (He) (did) (did not)	lew the body after death
23A. SIGNATURE	23R DATE SIGNED
Though Schreele M. D. Atte	nding Med. Stoff Director Phys.
23C. PHYSICIAN'S	23 D. ADDRESS
PHILIP J. SCHROEDER, M.D.	UNIV. HOSPITAL
14A. BURIAL CREMATION, 248. DATE 24C. NAME of CEASIFEY of CEA	
REMOVAL (Specily)	Color, town, or county, tolder
1008:41 11/72 AARON CE	M. BOCKHAILKENT Md
25A. DATE REC'D BY HEALTH DEPT. 25B NAME OF REGISTRAS	25C, FUNERAL DIRECTOR ADDRESS
AUG 4 1972 Holvey Whoster	Mainth Walley Mother med
/S 150-REV. 1/1/68	(Australia) mar

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VS 151-REV. 1/1/68

72 07403 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEA

	1-10	a my A	00
10	16	074	1

BIRTH NO.		MILD	ICAL	SI	ATE OF MARY	TAND-DH	MH		שבאו	REG. NO	1/4	OIX	70
I. NAME OF DEC	EASED ICHAEL	CHILD	S			2. DATE OF DEATH	Known	₹0 ted □	Month Augus	st 1, 197	Yeor 72	Hour	М.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION						UNCED D			1, 1972	Yeor	5:20		
38 UNIVE	ERSITY	HOSPIT	AL			A. STATE	Mary			B. COUNTY	11	56	200
6. SEX	7. RACE		8. MARR	ED 🗌	NEVER MARRIED	C. CITY OF				D. INSIDE CIT	/ LIMITS?		
Male	Whi	100 000 6	WIDOW		DIVORCED	Union				YES		NO 🗌	
June 20,1954 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.					er 1 Yr. If Under 24 Hrs. Doys Hours Min.	Box 4		AREK					
Penna.	itate or foreig	n country)			IZEN OF	13. FATHER RO	's NAME	R.	Childs				
4A.USUAL OCCU	PATION (Give	kind of work	14B. KIND	OF BU	ISINESS OR INDUSTRY	15. MOTHE	R'S MAID	EN NA	ME	THE			
Attend	ant				ice Station		rbara	Bro	wn				
(Yes, no or unknown)	ED EVER IN I	U.S. ARMED	FORCES of service)	? 1	7. SOCIAL SECURITY NO.	18. INFOR	MANT			ADI	DRESS		
No 119				\perp	CAUSE OF DEA		Barba	ra C	hilds,	Unionto		ryland	ITE DV AA
(This does n heart foilure, injury or con DISEASES (RISE TO THE UNDERLYIN OTHER SIGN TO THE DEA	E OR CONDITION TO THE CONDITION TO THE CONDITION TO THE CONDITION TO THE CONDITION TO THE CONDITION TO THE CONDITION TO THE CONDITION TO THE CONDITION THE C	DEATH mode of dy It meons the h coused dec CAUSES DNS, IF ANY JSE (A) STAI ON LAST. II IDITIONS CO RELATED TO	ing, e.g., disease, oth.) , GIVING ING THE		Blunt f (A) IMMEDIATE O DUE TO, OR A (B) DUE TO, OR	AS A CONSEC	NUENCE OF	:	chest		BETW	ZEEN ONSET A	
20A. DATE OF	CONDITION			FOR W	HICH OPERATION W	AS PERFOR!	AED				21. AUTO	PSY? (Yes	or No)
8 2											y	res	
UNDERLYING UTING CA	(Month) (D	TRIB- TH. oy) (Yeor) (Hour) 22E	ACE OF INJURY (e.g., orm, foctory, street, office Street INJURY OCCURRED NOT	MAURE	22F. HOW	DID IN	NJURY OCCI	JR?		5 3	unty Rd.
23.	4.5		:31 P	fh. WO	ORK L ATV	ORK [X]				ycle/aut		ldent	
	ify that I he ted fram: N		nquiry L		Inspection <u>Au</u> ident Sylicia	tapsy X	and th omicide	_		death In my a	1		
result	red Irdin. () are car	1 1.	7					EXAMINER		•	-34	
SIGNATI	111.	west	U	16	MIC	224			EXAMINER			DATE SIGI	NED
EXAMIN NAME (1	ER'S R	onald 1	N. Ko	rnbl	Lum, M.D.		OCIATE ME	DICAL	EXAMINER		8/2	2/72	
24A. BURIAL CRE/ REMOVAL (Specif	MATION, 2 fy)	48. DATE		24C.	NAME of CEMETERY	ar CREMAT	ORY	24D	LOCATION	(City, town,	or county) (Sto	te)
Burial 25A. DATE REC'D		ug. 4	197		St. Joseph!		FUNERAL		aneyto	wn Carr	DRESS	o., Md	•
	AUG 4	1972	X,	rely	ey hirost					ne, Taney	town	, Mary	land

C-432

MERI, OS centil ACCES ... Bracked tites ferrios Station | Immbana Proute Mrs. Dargared Children, Bergarden, Serline A Have we observe . NO (Etwins) in Street (1 Constitution 1 Spiles) . 12 (2) 在 (2) (2) Harting the state of the state

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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

		100/1	2 07	A A BALTIMORE C	ITY HEALTH	DEPARTMENT		+-	2 67404
n. n.			<u> </u>	CERTIFIC			REG. NO		C 01301
	TH NO.	EASED		STATE O	F MARYI	AND-DHMH	ND HOUR OF DEAT	Н	
(Тур	e or Print)	WENCK, F				AUG	UST 1, 19	72	5:50A. _{M.}
3. f	PLACE IN BAL	TIMORE, MARYLAND, W	HERE PROI	NOUNCED DEAD	A. STAT			institution:	residence before admission)
HO	LL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INS	TITUTION, GIVE STREET		OR TOWN	CITY	SIDE CITY	21230 LIMITS?
/	4.2	ST. AGNE	S HU	CPITAI	BAL	TIMORE		YES D	
E ₂ th	TO	ST. AUNI	- 3 110	SITIAL		ET AND NUMBER			A COURT OF THE PARTY OF
	_				171	14 MONTER	EY ST.		2553
5. S	EX	6. RACE	7- MARRIE	ED X NEVER MARRIED	8. DATE	OF BIRTH	9. AGE (In years lost birthdoy)		er 1 Yr. If Under 24 Hrs.
	ALE	CAUCASIAN	WIDOW			13 11	61		
done	. USUAL OCC e during most of	working life, eyen if retired)	KIOB, KIND	OF BUSINESS OR INDUST	IRY 11. BIRTI	HPLACE (State or fore	eign country)	12. CIT	IZEN OF WHAT COUNTRY?
S	ERVICE	TENDA (Itelired)	GASO	LINE	MAR'	YLAND		U.S	S.A.
13.	FATHER'S NA	ME			14. MOT	HER'S MAIDEN NA	ME		
M	ILLARD	WENCK			JOSE	EPHINE (N	Nothnage1)	
15. V	Wos Deceased	Ever in U. S. Armed For	rces?	1 6. SOCIAL SECURITY NO.	17. INFO			AGN	EAST HOSPITAL
,,,,,	NO	, at yes, give the or set		213030071	CATO				O.,MD.21229
	1B. / / /	1 1 1		CAUSE OF DE		0 2			APPROXIMATE INTERVAL
	DISEA	SE OR CONDITION DI	RECTLY				4 0	.0.	BETWEEN ONSET AND DEATH
		LEADING TO DEATH		(A) IMMEDIATE	ALISE A	lespera	long fac	une	1.10
		not meon the mode of osthenio, etc. It meons		9. DUE TO, OR	AS A CONSE	QUENCE OF:	9		
		osinemo, etc. il illeons	Ille diseo	30,			AA.	- One	
		aplication which coused		1500	monog	ieme Ci	exerom	2 (
	injury or cor	nplication which coused ANTECEDENT CAUSES	deoth.)	· meta	nchog	is to li	ver of la	a c	
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This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and 🔾 the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

		BALTIMORE CITY	HEALTH DEPARTMENT	1	72 07405
	72 0	7405 CERTIFICA	TE OF DEATH	REG. NO.	72 07100
	H NO. AME OF DECEASED	STATE OF		ND HOUR OF DEATH	
(Тур	or Print) DIMAIO, AL		AUG	UST 1, 197	
3. P	LACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	A. STATE B. COUR	NTY	stitution: residence before odmission)
FUL HO	L NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)		MARYLAND c. CITY OR TOWN	Baltimor D. INSI	TOE CITY LIMITS?
1	ST AGNES HUST		CATONSVILLE		YES NO X
6	TO WILKENS & CAT		E. STREET AND NUMBER		
	BALTIMORE, MA	ARYLAND 21229	308 RADSTOC	K ROAD	21228
5. 5	6. RACE 7. MARR	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	II Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
M	ALE WHITE WIDOW	VED DIVORCED	10-09-85	86	
	USUAL OCCUPATION (Give kind of work 10B, KIN) during most of working life, even if retired)	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	gign country)	12. CITIZEN OF WHAT COUNTRY?
R		RIUT STORE	ITALY		ITALY
13. F	ATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
	AUGUSTINE DIMAIO		*************		
15. V (Yes,	Vas Deceased Ever in U. S. Armed Forces? no or unknown) (If yes, give wor or dates of servi	ce) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	RA I	TO. MD. 21229
N	0	212074400	ST. AGNES HO		KENS & CATON AVE
	1B. 411 4 1+ 250	CAUSE OF DEATH	1	01111 2,1112	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	Cerebr	al Common .		Services State And Seattle
	LEADING TO DEATH (This does not mean the made of dying,	(A) IMMEDIATE CAU			
	heart lailure, asthenio, etc. 11 means the dise	ose,	CONSEQUENCE OF:		
	injuly of complication which coused death.)	31/0	9(40-		
	ANTECEDENT CAUSES	(B)	A CONSEQUENCE OF:		
	DISEASES OR CONDITIONS, if ony, girise to the above cause (A) stoling		CVD - CH	/ ==	The second second
	UNDERLYING CONDITION 1051.	(C)			
7		(D) Dialu	tes Melleten	(2) RLL/10	ecus
5	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN		3) Kidney in		
CA	DISEASE OR CONDITION GIVEN IN PART 1 (A).		20A. AUTOPSY? (Yes or N		FINDINGS CONSIDERED
CERTIFICATION	WAS PERFORMED	or which oreganon	Wo-	IN CERTIFYING CAL	USES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., ir home, form, foctory, street, of	fice bldg., INJURY OCCUR?	· (If in Boltimor	e City, give exoct location)
CAL	DEATH (notify medical examiner)	etc.)			
MEDICAL	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E, INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
2	(APPROX.)	While At Work At Work	· D		
	22. I certify that (I) (this haspitol) attend		ULY 25	19 72 to AU	GUST 1 19 72 .
	that (I) (we) lost sow the deceased alive	AUCUCT 1			nian death accurred on the date
					man death decorred on the gare
I L	ond hour and from the couses stated obov	e. (i) [iie] (did) (did hdr) v	lew the body offer deoffi.		23B. DATE SIGNED
	Wern wolm then	- (6/) Atte	nding [] Med.	Staff	
-	23C. PHYSICIAN'S	GE GREE Phys	3D. ADDRESS	Phys.	
	NAME (Type) PALE JANDRO 12	E/14 . 190	st come. We	edical Co	urten.
24A.	BURIAL CREMATION, 24B, DATE 24	C. NAME of CEMETERY OF CRE	MATORY 24D. I	LOCATION (C	ty, town, or county) (State)
		Meadowridge Cemen	tery Wa	sh. Blvd. Ho	oward Co., Md.
	DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
	AUG 4 1972	advey who was	Howard H. Hu	bbard, 4107	Wilkens Ave. 21229
VS 1	50-REV. 1/1/6B	4 4 4	5 4 0	,	

172	, r TEREDA .	anneus, suche	
	DELL'AND		
	82311/2/07/10	TATERS BORES WELLE	
1	AMERICAN SOLVER SOLVE		
	10-10-10	The state of the s	TJAK
VANTI.	X24F1	THE STORE STORE -	9321739
	(IT AS 20 PV) - 48 BR 30 T	oxegg Unitary	
	6 , 1471930H 23HD4, T2	212074000	

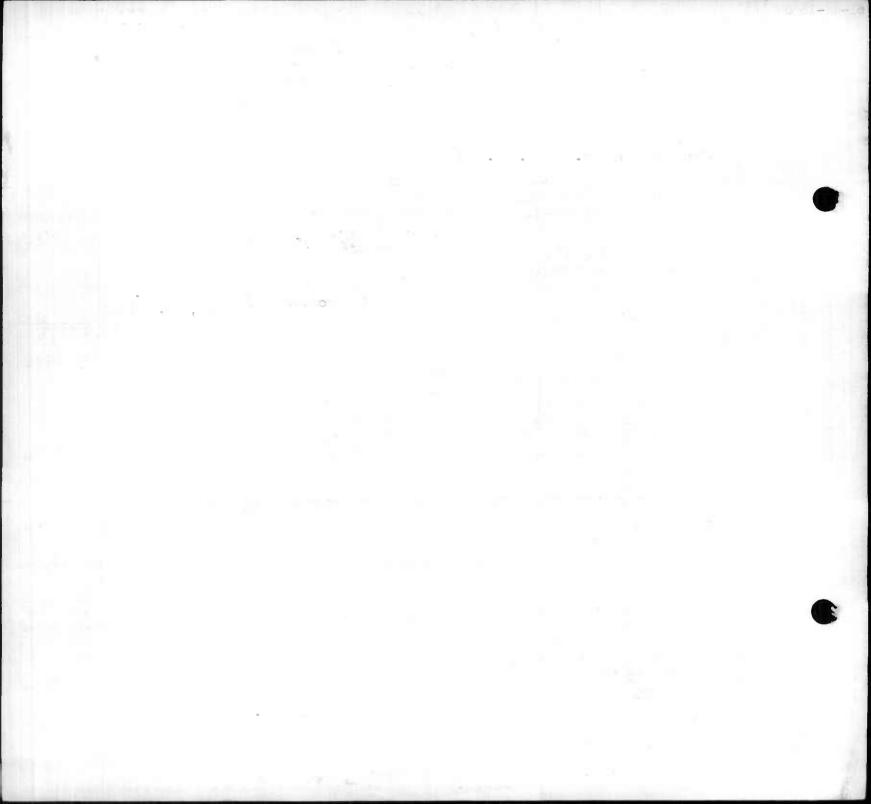
IMPORTANT FUNERAL DIRECTOR:

This certificate must be exproved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death (shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such deceased prior to death. Such deceased prior and the physician was in regular attendance on the deceased prior to death. Such deceased

mo	OTAGE BALTIMORE CITY	HEALTH DEPARTMENT	70 07400
BIRTH NO.	07406 CERTIFICA	TE OF DEATH REG. NO	_/2 0/406
(Type or Print) MARY FRANCES	RuckLE	2. DATE AND HOUR OF DEATH 8-1-72	1 9 13 AN
S. FLACE IN BACHMORE, MARTLAND, WHI	ERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, II	institution: residence before admission
FULL NAME OF HOSPITAL OR ADDRESS OR LOCATI	OR INSTITUTION, GIVE STREET ON)	TITOTEND	Itimore S do
+ BONSECOURS	Hospital	E. STREET AND NUMBER	YES V NO
		11119 GLOBIA AUE.	21227
5. SEX 6. RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months! Days Hours Min.
	WIDOWED DIVORCED	1 2 106 74 1 92 XXX	
OA, USUAL OCCUPATION (Give kind of work 10 lane during most of working life, even if reflect)	& KIND OF BUSINESS OR INDUSTRE	11. BIRTAPLACE (State or lareign country)	12. CITIZEN OF WHAT COUNTRY
Homemaker		WASHINGTON D.C.	U.S.A.
3. FATHER'S NAME		14 MOTHER'S MAIDEN NAME	
MICHAEL MUKA	HEV	A STANSON STAN	XX Harriet Morrow
5. Was Deceased Ever in U. S. Armed Forces Yes, no or unknown) lif yes, give war or dates o	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO	215.50040	Mr. F. Edgar Ruckle, 212	Burke Ave. 21204
18. / / 0 . / 1	CAUSE OF DEATH		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIREC	CTLY		BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAU	SE acute anterior - septal	infart - & 3 days
(This does not mean the mode of dy heart failure, asthenia, etc. It means the	ring, e.g., e disease. DUE TO, OR AS	A CONSEQUENCE OF:	
injury or complication which caused de	eath.)		
ANTECEDENT CAUSES	(0)	-	
DISEASES OR CONDITIONS, if any	, giving DUE TO, OR AS	A CONSEQUENCE OF:	
nise to the above cause (A) st UNDERLYING CONDITION last	aling the (C)		
44	(C/		
OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 1	TERMINAL	pr	
OTHER SIGNIFICANT CONDITIONS CONTI TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 1 19A. DATE OF OPERATION 19B. CONDITION WAS PERFOR	ON FOR WHICH OPERATION	20A. AUTOPST? (Yes of No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Day) (Year) (1)	21 & PLACE OF INJURY (e.g., in hame, form, factory, street, off etc.)	or about 21 C. WHERE DID (If in Baltimo	re City, give exact location)
21D-TIME (Month) (Day) (Year) (I	Hour 21E INJURT OCCURRED	21f. HOW DID INJURY OCCUR?	
(APPROX)	While At Not While		
22. I certify that (I) (this hospital) a		F/1/22 12	P / 1 / 22
that (1) (we) last saw the deceased of	- / 1 1	22 19 ond that In(my) (aur) op	Inion death accurred an the date
and haur and fram the causes stated	1 /		does a doctored du lue adi
23A. SIGNATURE		on the budy utter death.	23B, DATE SIGNED,
(herhan		ding Med. Staff Phys.	8/1/22
23C. PHYSICIAN'S NAME (Type) CHAIHAN	DEGREE Phys.	3D. ADDRESS	0/1//2
	DEGREE		
REMOVAL (Specify) 248. DATE	24C. NAME of CEMETERY OF CRE		ity, town, or county) (State)
Burial 8-4-197		netery Baltimore, Ma	aryland
	B. MAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
AUG 4 1972	Hidrey whost	Howard H.) Hubbard, 4107	Wilkens Ave. 21229
S 150-REV. 1/1/68	//		

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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such IFICA TE OF

RTH NO.	72 (07408
PO OF Print)	LUIS	REISS

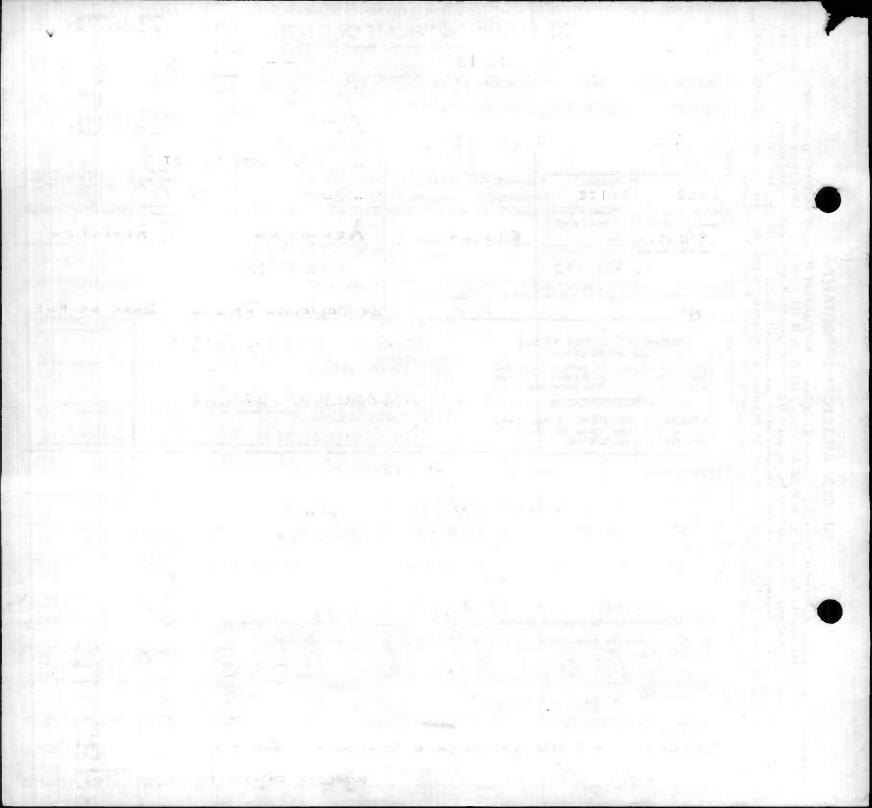
Towson

are 6	PLACE IN SALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			A. STATE MARYLAND	(Where deceased lived.	If institutions residen	nce before admission)
FUI	L NAME OF (IF NOT IN HOSPIT SPITAL OR ADDRESS OR LOC	NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET					775
INS	SMITAL OR ADDRESS OR LOC	A HON)		BALTIMOR	D.	INSIDE CITY LIMITS	
	THE JOHNS HOP	KINS HO	SPITAL			YES X	NO []
100	33			100 CROSS	100 CROSS KEYS RD APT 1		
	EX 6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	tf Under 1 Y Months! Doy	r. if Under 24 Hrs s Hours Min.
M	TALE WHITE	WIDOWED	DIVORCED [10-08-97	74	-	
	USUAL OCCUPATION (Give kind of wor		BUSINESS OR INDUSTR	Y 11. BIRTHPLACE State of	it lateign country)	12. CITIZEN	OF WHAT COUNTRY
dope	HRGSESOR		cation	ARERNY	~ A	ARE	ENTINA
3. [FATHER'S NAME	1240	CHETION	14. MOTHER'S MAIDE		1	
	LUIS REISSIG			ANNA T	ORLIA		
2	Was Deceased Ever in U. S. Anned Fo		6 SOCIAL	17. INFORMANT	OKTOA	40	DRESS
Yes	na or unknown) (If yes, give war or dat	es of service)	SECURITY NO.				
	N6				NA KRISSIE		AS #4E
	18.440,91		CAUSE OF DEA	(6	RETW	PROXIMATE INTERVAL EEN ONSET AND DEAT
	DISEASE OR CONDITION D		Call	RED MESDUA	long arres	1	
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	(This does not mean the mode of heart failure, asthenia, etc. It means	s the disease,	DUE TO, OR A	S A CONSEQUENCE OF:			
	injury or complication which Caused		NA.	1100. 1. 0	0.12		
	ANTECEDENT CAUSES My Ofaullal Failure						
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:						
	DISEASES OR CONDITIONS, IF		(B) DUE TO, OR A	S A CONSEQUENCE OF:	Julius		
	rise to the above cause (A)	any, giving	Off		0		
	rise to the above cause (A) UNDERLYING CONDITION took	any, giving	(c) OF A	S A CONSEQUENCE OF:	0		
HON	ise to the above cause (A) UNDERLYING CONDITION test. II OTHER SIGNIFICANT CONDITIONS CO. TO THE DEATH BUT NOT RELATED TO	any, giving stating the SNTRIBUTING THE TERMINAL	(c) aft		0		
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TIFICATION	rise to the above cause (A) UNDERLYING CONDITION test II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PA	any, giving stating the DNTRIBUTING THE TERMINAL RT 1 (A).	pache	viosilios	or Noll 208, IF YES, W		NSIDERED THY
RTIFIC	office to the above cause (A) UNDERLYING CONDITION leet. II OTHER SIGNIFICANT CONDITIONS CONTROL OF THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PARTICIPATION 1798. CONTROL OF THE DEATH OF THE DEAT	eny, giving stating the DNTRIBUTING THE TERMINAL RT 1 (A). NORTHON FOR WESTERN ASSESSMENT OF THE PROPERTY OF T	(c) Aff AUA THICH OFERATION WHICH ONS THE PLACE OF INJURY 1000	UNDSLEUDS MHENUSM 20A. AUTOPST? (Yes NON in or obout 21 C. WHERE E	or No) 208, IF YES, WIN CERTIFYING	ERE FINDINGS CO	TH?
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DICAL CERTIFIC	ise to the above cause (A) UNDERLYING CONDITION toek OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PA 19- DATE OF OPERATION 19- CONTROL OR CONTRIBUTINO CAUSE OF DEATH inotify medical examined 210-TIME (Month) (Day) (Year)	eny, giving stating the CONTRIBUTING THE TERMINAL RT 1 (A). 218.1 home etc.]	HIGH OFERATION WHICH OFERATION WHICH ONS T PLACE OF INJURY Income, foctory, street, INJURY OCCURRED AT Not Wh	WHONSM 20A. AUTOPST? (Yes VON In or about 21 C. WHERE E office bidge INJURY OCCI-	or No) 20B, IF YES, WIN CERTIFYING	ERE FINDINGS COL CAUSES OF DEAT	TH?
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MEDICAL CERTIFIC	ise to the above cause (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CO. TO THE DEATH BUT NOT RELATED TO. DISEASE OR CONDITION GIVEN IN PA. 13- DATE OF OPERATION 198. CO. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inofity medical examined 21D. TIME OF IMONIA) (Day) (Year OF INJURY (APPROX.) 22. I certify that (I) (this hospital that (I) (we) last sow the decease and haur and from the causes stream ond he cause stream on the cause stream	eny, giving stating the CONTRIBUTING THE TERMINAL RT 1 (A). CONTRIBUTING THE TERMINA	HICH OFERATION WLET ONS T PLACE OF INJURY I.e.g., Iomn, foctory, street, INJURY OCCURRED At Word At Word decensed from (We) (did) (did not)	20A. AUTOPST? (Yes 20A. AUTOPST? (Yes WOW In or about 21C. WHERE a office bidg., INJURY OCCI 21F. HOW DI wille view the body after de tending Med. Director	or No. 20B, IF YES, W. IN CERTIFFING DID (If th Bold INJURY OCCUR? 19 7240 (and that In(my) (our)	ERE FINDINGS COI CAUSES OF DEAT	197V
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BRIDGES TOWSON INC

AUG 4

1972



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

PMO (BALTIMORE CIT	Y HEALTH DEPARTMENT	THIVIT	20 02400		
	CERTIFICA	ATE OF DEATH	REG. NO	72 07409		
BIRTH NO. 1. NAME OF DECEASED	STATE OF	WARYT.AND-DHMH	D HOUR OF DEATH	н		
Type or Print) MRS FRANCE	1.01	er 18	10 7.9	1-72 P M		
S. PLACE IN BALTIMORE, MARYLAND, WHERE		A STATE B. COUN	e deceased lived. If	institution: residence before admission)		
FULL NAME OF (IF NOT IN HOSPITAL O	R INSTITUTION, GIVE STREET		n. I Poed	Aug DS41		
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN	11111904	ISIDE CITY LIMITS?		
4		Ballo		YES NO		
Bon Secours	E. STREET AND NUMBER					
	/					
SEX GRACE 7. M	ARRIED NEVER MARRIED	1	9. AGE (In years lost birthdoy	Months Doys Hours Min.		
	DOWED DIVORCED	5-12-21	21			
OA. USUAL OCCUPATION (Give kind of work 108, fone during most of working life, even if refired)	KIND OF BONNESS OK INDUSTR	111 -		12. CITIZEN OF WHAT COUNTRY		
Telephone Co-		VIRGINIA		U.S.D.		
		14 MOTHER'S MAIDEN NA	ME Les	Y		
WALLACE G.	Roome	1 bessie	2 Cor	7.7 e		
5. Was Deceased Ever in U. S. Anned Ferces? Yes, no or unknown) (if yes, give war or dates of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	. 0	ADDRESS		
	215-14-5973	JOHN F. WAL	Ker-JA	² mc		
18. 571.9	CAUSE OF DEA	TH	Ker-JA	APPROXIMATE INTERVAL		
DISEASE OR CONDITION DIRECT	LY	1	,	DETRICET CHOCK AND DEATH		
LEADING TO DEATH	(A) IMMEDIATE CA	Wat /	mark	<u> </u>		
(This does not mean the mode of dyin heart failure, aethenia, etc. if means the	disease,	S A CONSEQUENCE OF:				
injury or complication which caused deal	hJ)					
ANTECEDENT CAUSES	(B)	6.4.60.1660.161.66				
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UNDERLYING CONDITION lost	(c)					
- 11						
OTHER SIGNIFICANT CONDITIONS CONTRIL TO THE DEATH BUT NOT RELATED TO THE RE DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A DATE OF OPERATION 19R CONDITION WAS PERFORM 21A ACCIDENT WAS UNDERLYING	RMINAL					
O DISEASE OF CONDITION GIVEN IN PART 1 (N FOR WHICH OPERATION	[20A. AUTOPSY? (Yes or No	208. IF YES, WERE	FINDINGS CONSIDERED		
WAS PERFORM	ED		IN CERTIFING C	E FINDINGS CONSIDERED AUSES OF DEATH?		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218 PLACE OF INJURY (e.g.	in or about 21 C. WHERE DID office bldg. INJURY OCCUR?	(II In Boltim	ore City, give exact location)		
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O 21 D. TIME (Month) (Day) (Year) (He	100 21E INJURY OCCURRED	21f. HOW DID INJ	URY OCCUR?			
(APPROX)	While At Not W					
	Work At Wor		10	10		
22. I certify that (I) (this haspital) attended the deceased fram						
that (I) (we) last saw the deceased alive on						
and hour and from the causes stated above. (1) (We) (did) (did not) view the bady after death.						
23A. SIGNATURE 23B. DATE :						
Jun G. At	DEGREE PI	tending Med. Director	Staff Phys.	1-31-12		
23 C. PHYSICIAN'S NAME (Type)	c. No	23D. ADDRESS		e.		
HELIMON A.	OR CA DEGRE		ouns	MOSPITHL		
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME OF CEMETERY OF C	REMATORY 24D. L	OCATION (City, town, or county) (State)		
BURIAL 8-4-72	Church Ceme	1. 4.	etfield	I VA.		
25A. DATE REC'D BY HEALTH DEPT. 25B.	MAME OF REGISTRAN	25C. FUNERAL DIRECTOR	. 41	ADDRESS.		
AUG 4 1972 X	Trong whom	HAM Acost Fu	Werel Chapel	4600 4 berty HEAT A		
VS 150-REV. 1/1/68	//					

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72 07	410	BALTIMORE CITY HEALTH DEPARTMENT	
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MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH	72 07410
BIRTH NO. STATE OF MA		
NAME OF DECEASED (Type or Print) EARL E. HEINLEIN Sr.	2. DATE Known 1 Month Day OF DEATH Estimoted	Year Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	3. DATE Manth Day PRONOUNCED DEAD 7 28	1972 Haur 3:20 P
woods, 3101 SwannDrive	5. USUAL RESIDENCE (Where deceased lived, if institution A. STATE B. COUNTY Maryland	n: residence before admission
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE C	ES NO
9. DATE OF BIRTH 10. AGE (In years lost birthday) 10. AGE (In year	E. STREET AND NUMBER 10 W. Preston St.	
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA	George H. Heinlein	
4A. USUAL OCCUPATION (Give kind al work) 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Labor A. & P. Bakery	Spohia B.	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (if yes, give wor or dates of service) NO. 219-10-816	18. INFORMANT A	DDRESS
DISEASE OR CONDITION DIRECTLY CAUSE OF DEAT Shotgun Wo		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE C. (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.)	AUSE AS A CONSEQUENCE OF:	AAQA QAA SAA SAA SAA SAA SAA SAA SAA SAA
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
OF COMMENS OF THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAY		
20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WA	AS PERFORMED	21. AUTOPSY? (Yes or No) yes
22A. EXTERNAL CAUSE WAS UNDERLYING A CONTRIB- UTING CAUSE OF DEATH. 228. PLACE OF INJURY (e.g., i hame, farm, factory, street, affice	?	oct location)
(AFFROX.) ; m. WORK AT WO	WHILE TO THE PROPERTY OF THE PARTY OF THE PA	de - shot self
23.	topsy 🔀 ond that on this basis, deoth in my	
ACTUAL SIGNATURE 3 MANN & Platt M.D.	CHIEF MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S NAME (Type) Marvin S. Platt, M.D.	ASSOCIATE MEDICAL EXAMINER	7-29-72
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY C		n, or county) (Stote)
Cremation 8/2/72 Security P 25A. DATE REC'D BY HEALTH DEPT. 25B. MAME OF REGISTRAR	20C. FUNERAL DIRECTOR	ADDRESS
AUG 4 1972 Thomas	John J. Duda 7922 Wi	se Ave. Duridalk,
/S 151-REV. 1/1/68	3/1900	, /

Date Dynast

Baltimore

10 W. Preston St.

George H. Feinlein

Sponta B.

219-10-8162 Barl B. Peinlein, Jr.

The second section of the second

Jan. 26, 1927

DMAIGHER

200

Cremation 8/2/72 Security Process, Inc. Beltimore, MA.

San Shift at 1550

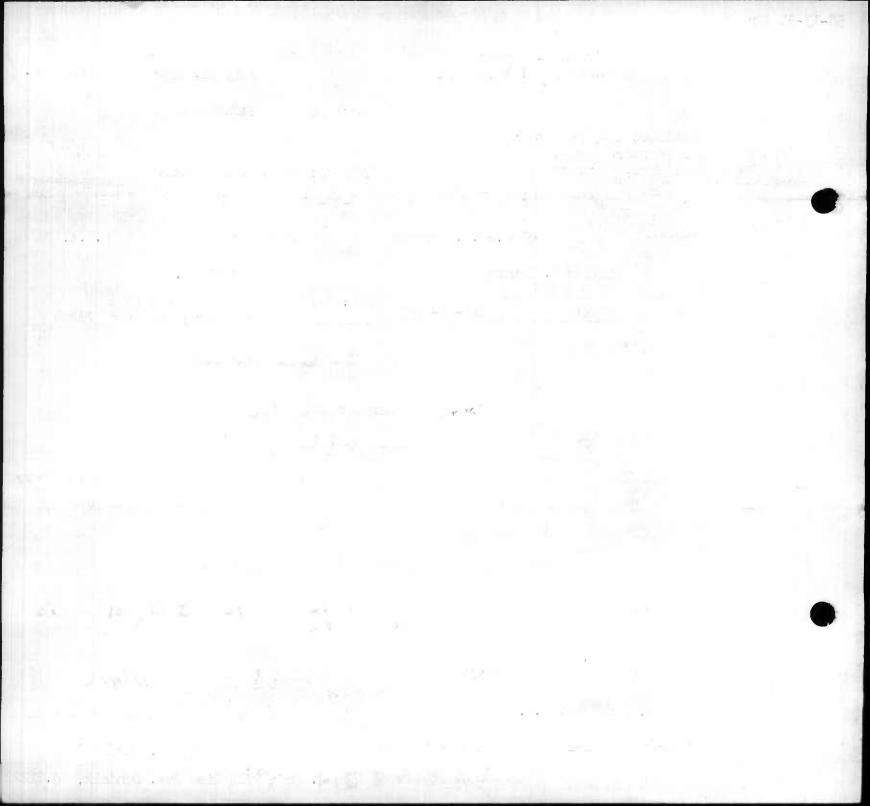
	170	2 07411 BALTIMORE CITY	HEALTH DEPARTMENT			
1	BIRTH NO.		TE OF DEATH REG. NO.	72 07411		
	NAME OF DECEASED Thomas J	· Bowers STATE OF	MARYTAND-DHAH 2. DATE AND HOUR OF DEA	тн		
	Bowers	Thomas	July 31.	1972 7:20 A ₁		
	L PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived.	Il institution: residence before admission)		
	DUSHIAL OK ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	Maryland Baltimore	5 300		
	Baltimore City Hospi	tals		NSIDE CITY LIMITS?		
	4940 Eastern Avenue		E. STREET AND NUMBER	YES NO TO		
	Baltimore, Maryland		1945 Haselmere Road 21	222		
5	SEX 6. RACE	7- MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years	Il Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.		
	Male Caucasian	WIDOWED DIVORCED	8-22-07 64	The state of the s		
d	OA. USUAL OCCUPATION (Give kind of work one during most of working life, even if refired)			12. CITIZEN OF WHAT COUNTRY?		
	Driver	BaltoN.Y. Express	Pennsylvania	U.S.A.		
11.			14. MOTHER'S MAIDEN NAME			
1	William H. Wos Deceosed Ever in U. S. Armed Ford		Carrie 0	е		
ji	es, no or unknown) (If yes, give wor or dote	s of service) SECURITY NO.	BCH: RECORDS 4940 Easte	rn Avenue		
1	Yes WW II	215-03-4763	Baltimore,	Maryland 21224		
	18. / 6.2 /	. CAUSE OF DEATI	H	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DIR		of Constant her nist			
	(This does not meon the mode al heart failure, asthenia, etc. It means	dying, e.g., DUE TO, OR AS	A CONSEQUENCE OF:	M.,		
	injury at camplication which caused	death.l				
	ANTECEDENT CAUSES	(B) Me	tartatic Ca			
	DISEASES OR CONDITIONS, if of the course is the course (A)	any, giving DUE TO, OR AS	A CONSEQUENCE OF:	***************************************		
	UNDERLYING CONDITION last.	(c) <u>C</u>	- of lung			
2			9			
ATION	THE DEATH BUT NOT RELATED TO TH	IE TERMINAL				
1013	DISEASE OR CONDITION GIVEN IN PART	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?		
CEPTIEIC	WAS PERF		NO IN CERTIFYING	CAUSES OF DEATH?		
11	On COMPRISOR CONTRACT	home, form, foctory, street, off	or obout 21 C. WHERE DID III to Rolling	nore City, give exact location)		
IC A!	DEATH (notify medical examiner)	etc.)				
MEDI	OF INJURY (Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED While AI Not While	21F. HOW DID INJURY OCCUR?			
	(APPROX)	Work L At Work				
	22. I certify that (1) (this hospital)			[ulg 31 19.23		
ı	that (1) (we) last saw the deceased		19.72 and that In(my) (aur) a	pinian death accurred an the date		
1	and have and from the causes state 23A. SIGNATURE	ed abave. (I) (We) (did) (did nat) vi	ew the body after death.			
	S Classical	am Mb Atter	nding Med. Stoff	23B, DATE SIGNED		
	23 C. PHYSICIANS	OEGREE Phys.	Director Phys.	7/31/72		
	NAME (Type)	(D	Baltimore City Hospital	S		
24	J. Anderson, M. A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CRE	4940 Eastern Avenue Bal	timore, Maryland 21224		
Ш	REMOVAL (Specify)					
25	Burial 8-2-72 Cedar Hill Cemetery Glen Burnie, Maryland 54. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS					

John ...

Duda 7922 Wise Ave. Dundalk, Md.21222

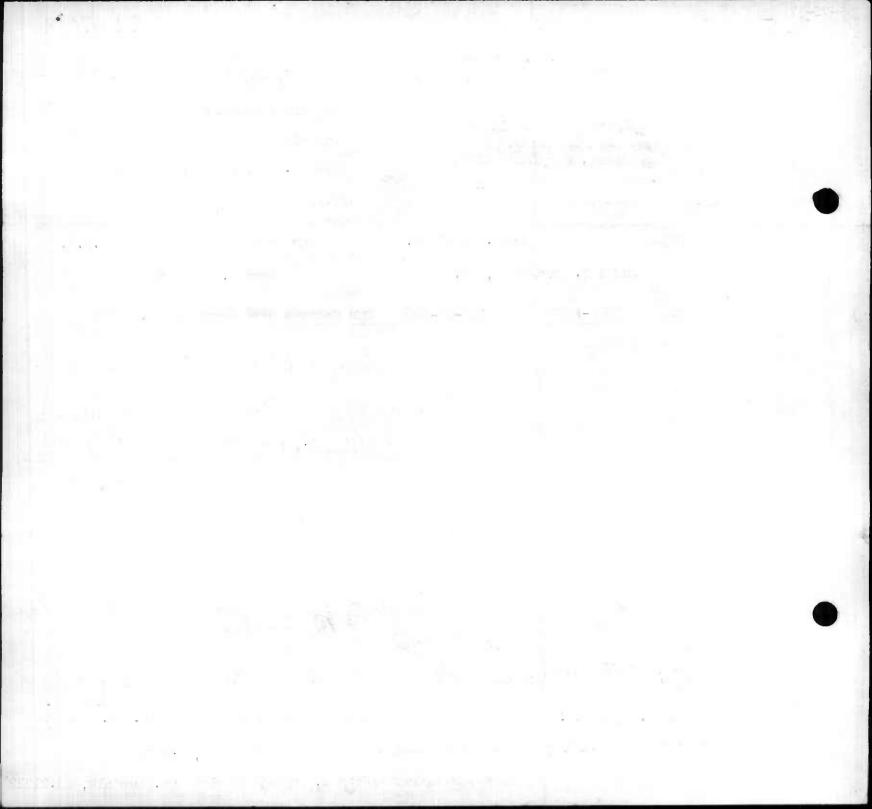
1972

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59-75-37

	ingi	2 074	BALTIMORE CITY	HEALTH DEPARTMENT	NT /	72 07412
BIRTH NO.		<u> </u>	CERTIFICA	JE OF DEAT	H. REG. NO.	12 OLATC
I. NAME OF DE	CEASED Harry	J. How	thorne STATE O	MARYLAND - DH	MH TE AND HOUR OF DEATH	4
(Type or Print)	Harry	Naw	thorne_	7	130/72	16:40 P.M.
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONC	DUNCED DEAD	4. USUAL RESIDENCE	(Where deceased lived. II	institutions residence before admissionl
FULL NAME OF	F (IF NOT IN HOSPIT	ATION	TUTION, GIVE STREET	Maryland c. city or town	Baltimore	5300
	Baltimore City		als	Dundalk		YES NO TO
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	940 Eastern A		07004	E. STREET AND NUM		TES NO
	Baltimore, Mar	yrand	21224	4004 St.	Mohica Drive	21222
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years lost birthday)	Il Under 1 Yr. If Under 24 Hrs. Manths: Doys Hours! Min.
Male	Caucasian	WIDOWED		3/24/30	12	Manths Doys Hours Min.
IOA, USUAL OC	CUPATION (Give kind of world working life, even if retired)	108 KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Slate	ar foreign countryl	12. CITIZEN OF WHAT COUNTRY?
Forema		Beth	. Steel Co.	Mame	land	U.S.A.
13. FATHER'S NA		1 20011	· Diccel Co.	Mary.		U.S.A.
	James E. Ha	thouse	Con	The state of the s		and the same of th
IS Was D			-		Anna A. Carpe	
Yes, na or unknow	d Ever in U. S. Armed Form) (If yes, give war ar dote	ces: s of servicel	SECURITY NO.	17. INFORMANT		ADDRESS
Yes	1947-1950		212-24-5960	BCH Records	4940 Eastern	Ave. 21224
18. 7 8	4XI		CAUSE OF DEATH	1		APPROXIMATE INTERVAL
DISEA	SE OR CONDITION DI	RECTLY		1	5 11	BETWEEN ONSET AND DEATH
	LEADING TO DEATH		(A) IMMEDIATE CAU	SE SHAD. Into	racranial Her	universe & minutes
(This does	not mean the mode of , asthenia, etc. It means	dying, e.g.	DISC 20 00 10	CONSEQUENCE OF:	CONTRACTOR AND AND AND AND AND AND AND AND AND AND	THE THE PARTY OF T
injury ar co	mplicolion which caused	death.)	<u> </u>	, ,		
	ANTECEDENT CAUSES		: Thomas	hoceitoren	lia	lo mos.
DISEASES	OR CONDITIONS, if	any, giving	DUE TO. OR AS	A CONSEQUENCE OF:	***************************************	0 1103
rise la Il	he above cause (A) IG CONDITION last.			otic an	emia	6 mos,
	- 11					
TO THE DEA	IFICANT CONDITIONS CONTINUES TO THE BUT NOT RELATED TO THE CONDITION GIVEN IN PART	TE TERMINAL	acuse	Myeloge	now Leukem	ia 7 mos
U 19A. DATE O	F OPERATION 198. CON	DITION FOR	WHICH OPERATION	20A. AUTOPSYT, IYes	or No. 208 IF YES, WERE	FINDINGS CONSIDERED
D 21A. ACCIDI	WAS PERF			NO		710
OR CONTRIB	ENT WAS UNDERLYING L UTING CAUSE OF y medical examined	har etc	B. PLACE OF INJURY (e.g., in ne, form, factory, street, aft .)	ice bldg., INJURY OCCL	OID (If In Boltima	re City, give exact locotion)
21D. TIME	(Month) (Dayl (Year)	(Hour) 216	INJURY OCCURRED	21F. HOW DI	D INJURY OCCUR?	
OF INJURY			nile At Not While			
20.		W		7 /	77	1 77
	y that M (this hospital			114 3	19 + C10_JU	Cy 30 19 7 C
) last saw the decease			19 700 01	nd that In (my) (aur) api	nion death occurred an the date
and haur ar	nd from the causes stat	ed abave.	(We) (did) (did full vi	ew the bady after de	ath.	
23A. SIGNAT	URE)	44.4			23B, DATE SIGNED
1001	014. 94	1011	After	ding Med.	Staff V	7/20/77
230. PHYSICI	ANS	luce	DEGREE Phys.	Director L 3D. ADDRESS	Phys. DQ	7/30/16
	/					940/Eastern Ave.
Paul Paul CRIAL CRI REMOVAL	F. Ryan M.D.	24C.N	AME of CEMETERY OF CRE		ty Hospitals E	ity, town, or countyl (Stote)
Burial	8-2-72	0	ak Lawn Cometer	*17	Poltimone W	المسم المسم
	Burial 8-2-72 Oak Lawn Cemetery Baltimore, Maryland A. DATE REC'D BY HEALTH DEPT. 258. MAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS					
	AUG 4 1972	_// 0	in la hortor			
/S 150-REV. 1/1.	MUU4 1312	11/109	- November	Politi at Time	La LYCK WISE A	ve. Dundalk, Md.2122
- 100-RE TO 1/ 1/			/ 1			



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased certificate must be approved by the chief medical examiner or his assistant if death occurred in

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a hospital and

BALTIMORE CITY HEALTH DEPARTMENT 72 07418					
BIRTH NO.	2 07413 CERTIFICA	ATE OF DEATH REG. NO.			
I.NAME OF DECEASED	MARYLAND DIDGE AND HOUR OF DEATH				
(Type or Print) Mr. Jose	eph youry accions	· Flugues 2, 1712	17-21 P.M.		
3. PLACE IN BALTIMORE, MARYLAND, W	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY	institution: residence before admission)		
FULL NAME OF (IF NOT IN HOSPIT HOSPITAL OR ADDRESS OR LOCALINSTITUTION	TAL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN D. INSIDE CITY LIMITS?			
1 2 1	ent alexand	Baltimore	YES K NO		
margino gene	TOSPSTAI	E. STREET AND NUMBER	153 6 140		
7-8		206 E. Fort Are,			
5. SEX 6. RACE	7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE Un years lost birthday you	Months Days Hours Min.		
104. USUAL OCCUPATION (Give kind of work		Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
Shipping Sup.	Mantagnas Wands	M11	USA		
13. FATHER'S NAME	Montgomery Wards	Maryland. 14. MOTHER'S MAIDEN NAME	USA		
Andrew Snyder		Clara V. Weaver			
15. Was Deceased Ever in U. S. Armed For (Yes, na or unknown) (If yes, give war or dote	rces? 16. SOCIAL SECURITY NO.	17. INFORMANT	6 East Fort Avenue Lto. Md. 21230		
No	212 10 8693	Joseph G. Snyder, In. B.	1+0 Md 21230		
18. 5 8 0 X 1	CAUSE OF DEA	TH DU	APPROXIMATE INTERVAL		
DISEASE OR CONDITION DI	RECTLY	0 1	SETWEEN ONSET AND DEATH		
LEADING TO DEATH	(A)IMMEDIATE CA	USE Chronic Keny fa	ilme-		
(This does not mean the mode of heart failure, asthenia, etc. It means	dying, e.g., Dur to on a	A CONSEQUENCE OF:	***************************************		
injury or complication which caused	death.)				
ANTECEDENT CAUSES	m Chr. C	iranular rephritis and			
DISEASES OR CONDITIONS, if	any, giving DUE TO, OR A	A CONSEQUENCE OF:			
tise to the above cause (A) UNDERLYING CONDITION last	rise to the above cause (A) staling the				
ONDERENING CONDITION IGEE	(C)	112/			
O OTHER SIGNIFICANT CONDITIONS CO	NTPIRITING A. C.	es elevetic (ardiovasso	lan		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR		as allea Continue	Serse		
19A. DATE OF OPERATION 198 CON	IDITION FOR WHICH OPERATION	20A AUTOPSY? (Yes or No.) 20B, IF YES, WERE	FINDINGS CONSIDERED		
E 2 WAS PERI	FORMED	IN CERTIFYING CA	LUSES OF DEATH?		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, farm, factory, street, c	in or obout 21 C. WHERE DID (If In Boltimo	re City, give exact location)		
O 21D. TIME (Month) (Day) (Year)	(Haud 21 & INJURY OCCURRED	21F. HOW DID INJURY OCCUR?			
OF INJURY	While At Not Whi				
	Wark At Work				
22. I certify that (1) (this hospital that (1) (we) lost sow the decease	0:0	7 / 2 / 19 72 to	8/2/1972		
			nion deoth occurred on the dote		
ond hour and from the causes stat	loop DAYE CIONE				
BUNEAU	DEGREE Phy	ending Med. Staff Phys.	23B. DATE SIGNED 8/2/2		
23C. PHYSICIAN'S NAME (Type)	CAN DEGREE	23D. ADDRESS General)	Jospotel		
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME OF CEMETERY OF CR	EMATORY 24D. LOCATION (C	ily, town, ar caunty) (State)		
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 120 C. ADDRESS AVE.					
AUG 4 1972 Stary Introduction of ally Funeral Home Balto. Md. 21230					

brokeri the property to the second Salago no e-Clare V. Jeseph THE TELEVISION SHOW SERVED WHEN PROPERTY AND ASSESSED.

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

OMAA A

BALTIMORE CITY HEALTH DEPARTMENT

07414

BIRTH NO. I. NAME OF DECEASED	CSTATE OF	ATE OF DEATH F MARYLAND - DEMH 12. DATE AND HOUR OF DEA	ATH	
(Type or Print) MAIL IM A	n / SAAC	7-30-7	2 10:10 B	
3. PLACE IN BALTIMORE, MARYLAND	WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceased lived.	Il institution: residence before admissio	
FULL NAME OF (IF NOT IN HOS	PITAL OR INSTITUTION, GIVE STREET	MARYLAND 27/3		
INSTITUTION		C. CITY OR TOWN BALTIMORE	NSIDE CITY LIMITS?	
MERCY HOSPITAL		E. STREET AND NUMBER	YES NO	
		1190 W. Northern	Pkuv	
5. SEX 6. RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthday)	Il Under 1 Yr. If Under 24 H Months: Days Hours Min.	
MALE MIT		86		
10A, USUAL OCCUPATION (Give kind of a done during most of working life, even if refire	vork[10B, KIND OF BUSINESS OR INDUSTR d)	Y II. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNT	
PROPRIETOR	REAL ESTATE	Austri A	USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
CHASKEL MAILMAN		SARAH HECHT		
5. Was Deceased Ever in U. S. Armed (Yes, no or unknown) (If yes, give wor or o	Forces? 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
NO	215-30-2099	MR. LLOYD S. MAILMAN, 10	LIGHT ST., #21202	
18.4/0.9	CAUSE OF DEA		APPROXIMATE INTERVA	
DISEASE OR CONDITION	DIRECTLY	2 1 11		
(This does not mean the mode	of dring (A) IMMEDIATE CA	USE aut Myocardial I. S A CONSEQUENCE OF:	upendin 14	
heart failure, asthenia, etc. It med		S A CONSEQUENCE OF:	V	
ANTECEDENT CALL	iee //ust	· 0 A · P - 1 13-	Va.	
ANTECEDENT CAUS	if any giving DUE TO, OR A	ioschootic Peart dist	ease Years.	
DISEASES OR CONDITIONS, rise to the above cause (A) stating the	i oschritic heart dist	ease yeurs.	
DISEASES OR CONDITIONS,	if any, giving DUE 10, OR A A) stating the (C)	i o schritic front dist	ease Yeurs.	
DISEASES OR CONDITIONS, rise to the above cause (LUNDERLYING CONDITION last.	A) stating the (c)	ioschentic beart dist	ease Yeurs.	
DISEASES OR CONDITIONS, rise to the above cause (LUNDERLYING CONDITION last.	CONTRIBUTING	i oschentic front dist	ease yeurs.	
DISEASES OR CONDITIONS, rise to the above cause (LUNDERLYING CONDITION last.	CONTRIBUTING OTHE TERMINAL PART 1 (A).	20A. AUTOP\$Y7 (Yes or No) 20B. IF YES, WE	ERE FINDINGS CONSIDERED	
DISEASES OR CONDITIONS, rise to the above cause (LUNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN 19A. DATE OF OPERATION 19B. C WAS 1	CONTRIBUTING OTHE TERMINAL PART 1 (A). ONDITION FOR WHICH OPERATION PERFORMED	20A AUTOPSYT (Yes or No) 20B. IF YES, WE IN CERTIFYING		
DISEASES OR CONDITIONS, rise to the above cause (LUNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN 19A-DATE OF OPERATION 19B-C WAS 10 CONTRIBUTING TICAUSE OF CONTRIBUTING TI	CONTRIBUTING D THE TERMINAL PART 1 (A). ONDITION FOR WHICH OPERATION PERFORMED 218, PLACE OF INJURY (e.g., home, form, foctory, street, or the street, o	20A AUTOPSYT (Yes or No.) 20B. IF YES, WE IN CERTIFYING	ERE FINDINGS CONSIDERED	
DISEASES OR CONDITIONS, ise to the above cause (, UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN 19A. DATE OF OPERATION 19B. C WAS 1 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examines)	CONTRIBUTING OTHE TERMINAL PART 1 (A). ONDITION FOR WHICH OPERATION PERFORMED 218 PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	20A. AUTOPSY7 (Yes or No) 20B. IF YES, WE IN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?	
DISEASES OR CONDITIONS, fise to the above cause (L. UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN 194. DATE OF OPERATION OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21 D. TIME (Month) (Doy) (Ye OF INJURY	CONTRIBUTING D THE TERMINAL PART 1 (A). DONDITION FOR WHICH OPERATION PERFORMED 218, PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING in or about 21 C, WHERE DID (If In Bolt) office bldg., INJURY OCCUR?	ERE FINDINGS CONSIDERED CAUSES OF DEATH?	
DISEASES OR CONDITIONS, nise to the above cause (, UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN II 19A. DATE OF OPERATION 19B. C WAS I 21A. A COIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D-TIME (Month) (Doy) (Ye OF INJURY (APPROX.)	CONTRIBUTING D THE TERMINAL PART 1 (A). ONDITION FOR WHICH OPERATION PERFORMED 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) or) (Hour) 21E. INJURY OCCURRED White At Not White Work At Work	20A. AUTOPSYT (Yes or No) 20B. IF YES, WE IN CERTIFYING In or obout 21C, WHERE DID (If In Bolt office bldg, NJURY OCCUR?	ERE FINDINGS CONSIDERED CAUSES OF DEATH?	
DISEASES OR CONDITIONS, rise to the above cause (UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN 19A. DATE OF OPERATION 19B. C WAS 1900 OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Doy) (Ye OF INJURY (APPROX.)	CONTRIBUTING D THE TERMINAL PART 1 (A). ONDITION FOR WHICH OPERATION PERFORMED 218, PLACE OF INJURY (e.g., home, form, foctory, street, etc.) on) (Hour) 21E INJURY OCCURRED White At Not White At Work 191) attended the decepsed from	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING in or obout 21C. WHERE DID office bidg. INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	ERE FINDINGS CONSIDERED CAUSES OF DEATH? Imore City, give exect location)	
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V\$ 150-REV. 1/1/68

MEAL ESTATE

MASSET OF PARENCE

SARALF TEKETE

215- 3-2000 MED LEATE S. WALLANS, 10 LIVED SE. #2120

TORE, SATERAGE

THE PERSON NAMED IN COLUMN

1		M-320 BALTIMORE CIT	Y HEALTH DEPARTMENT ATE OF DEATH REG. NO. 72 07415
2002	BI	IRTH NO. 72 07415 CERTIFICA STATE OF	ATE OF DEATH REG. NO. 72 07.21.0
pitol and of death Deceased on the ath. Such	1.1	voc or Printly	MARYLAND - DHMH 2. DATE AND HOUR OF DEATH
- P = 0 - E		LENA, MATZ	4. USUAL RESIDENCE (Where deceased lived, If institution residence before admission)
	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE & COUNTY
da (5 s	H	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Md. 2717
		ASTITUTION	C. CITY OR TOWN Baltioner D. INSIDE CITY LIMITS? YEST NO
ting d cau d cau prior	'	Simon Hosp. of Baltimore.	E STREET AND NUMBER
de de		<u> </u>	2500 W. Belvedore Aver, APT. 217
	5.	SEX 6. RACE 7. MARRIED NEVER MARRIED	lost birthdoyl Months! Doys ! Hours : Min.
0 0 0 0 Si	10/	EMALE WILDOWED DIVORCED LA USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR	- 80 years
in dec	dor	one during most of working life, even if relired)	
de as as as as as as as as as as as as as	13.	FATHER'S NAME	RUSSIA 2.5.A.
2 3		BELINGKA	The state of the s
istant he di kind; death ce on nal di	15. (Yo	Was Deceased Ever in U. S. Armed Forcos? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
V +		NO SECONIT NO.	MRS. MAY M. RUBIN, 11 SLADE AVE., APT. 912 #8
H - >0 0 .		18. 4 3 6 9 1 CAUSE OF DEA	
C 0 - E 0 D		DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	
PAOSE		(This does not mean the mode of dying, e.g., (A) IMMEDIATE CA	USE Cardio fort. arest 18 day
er. ctur pror		injury or complication which coused death.	
mine fra ho ho ho ho ho ho ho ho ho ho ho ho ho		ANTECEDENT CAUSES	rebos Vanenda Accident.
XAMBEL		DISEASES OR CONDITIONS, if ony, giving ise to the obove couse (A) stating the	S A CONSEQUENCE OF:
- 0 C E - 2		UNDERLYING CONDITION lost. (C)	
dical lical rrns; rsicia was main	z	11	
To he he	CATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	- C. UD
V	FIC	19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED	20A AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
by a 2) Bod re the physic ore th	CERTIFI	21A. ACCIDENT WAS LINDED VINGED.	
ved by the hospital by nature; (2) apt where ept where d (6) No ph	1	OF CONTRIBUTING TICALIES OF	in or about 21C. WHERE DID (If in Boltimore City, give exact location) (If in Boltimore City, give exact location)
	EDICAL	21D. TIME (Month) (Doy) (Year) (Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
hosp natur ept w d (6) ained	×	(APPROX.) While At Not Whi	le 🗂
Sayxet		22. I certify that (I) (this haspital) attended the deceased from	
00000		that (i) (we) lost saw the deceased alive on 31	19 22 ond that In(my) (our) opinion death occurred on the date
4-05		ond hour and from the causes stated above. (1) (We) (did) (did net)	
eased ident hospit deat must		23A. SIGNATURE	23B, DATE SIGNED
		Program Phy	ending Med. Staff Phys. 2 7/31/02
This certificate make body was relisted shows: (1) An accivate book. At a faccased prior to written approval		NAME (Typol	23D. ADDRESS
A A Pr	24A	A. BURIAL CREMATION, 124B, DATE 124C, NAME of CEMPTERS OF CR	Sinai Hetsp. of Dancomere
This certificate the body was I shows: (1) An a was D.O.A. at decased prior Written approv		REMOVAL (Specify)	COUNTY AND AND AND AND AND AND AND AND AND AND
the bocshows: was D. deceas	25A	BURIAL 8/1/72 BETH EL MEMORIA A. DATE REC'D BY HEALTH DEPT. 25E, WAME OF REGISTRAR	L PARK RANDALLSTOWN, MARY LAND 25C. FUNERAL DIRECTOR ADDRESS
This the show was dece	SOL LEVINSON & BROS.,6010 REISTERSTOWN ROAD		
the state of the state of	V\$	AUG 4 1972 Strangfollow 15	

AND AND THE REAL PROPERTY AND ADDRESS OF THE PARTY OF THE

MARINAY, FEMALY CONDUCTOR OF STREET AND PARTY.

79 17416 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	72 07416
NAME OF DECEASED		V [U.
ISAAC BECKERMAN	2. DATE Known Month Doy	Yeor Hour
I. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD	
ERFIFICATE AMENDED	7 31	1972 10:31ам.
Sinai Hospital (DOA)	5. USUAL RESIDENCE (Where deceased lived. If institution: A. STATE B. COUNTY Md.	residence before odmission)
S. SEX 7. RACE 8. MARRIED XXNEVER MARRIED	C. CITY OR TOWN D. INSIDE CIT	Y LIMITS?
MARKIED ANIVEVER MARKIED		
male White WIDOWED DIVORCED DI		SLX NOL
10/27/1012 lost birthdoy) Months Doys Hours Min.	3314 Glen Ave.	
1. BIRTHPLACE(State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
POLAND USA	DAVID BECKERMAN	
4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR one during most of working life, even if retired)	TIS MOTHER'S MAIDEN NAME	
ELECTRICIAN MD, CUP CO,	SARAH ?	
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (es, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	18. INFORMANT AD	DRESS
NO 219- 3 0-5732	MRS. GINA BECKERMAN, 3314 GLE	N AVE. #21215
19. CAUSE OF DEA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	AS A CONSEQUENCE OF:	40
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	/AS PERFORMED	21. AUTOPSY? (Yes or No)
[22A. EXTERNAL CAUSE WAS [228.PLACE OF INJURY(e.g.,	, in or obout 22C. WHERE DID (If in Boltimore City, give exoc	no
	ce bldg., etc.) INJURY OCCUR?	i tocollon)
22D. TIME (Month) (Doy) (Year) (Hour) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
	T WHILE WORK	
23.	WORK LIT	
	de Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER	DATE SIGNED
NAME (Type) Marvin S. Platt, M.D.		8-1-72
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY EMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town,	or county) (Stote)
BURIAL 8/1/72 SHOMREI MISHN	MERES ROSEDALE, MARYI	LAND
5A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR		DDRESS
AUG 4 1972 Trishey who have	SOL LEVINSON & BROS.,6010	REISTERSTOWN RO
5 151-REV. 1/1/68	0 3 1 3 9	. /



9/2/12 - Naturalization Cert. Get # 43390. No. 8337043. Naturalish 12/14/1961. Date of beits: Oct. 25, 1913 pp. CHAIRS SARAL .00 TOR .OU. ere-30-5752 for alla berrona, elle che alle alle Chief the market wo. The side of the side of the O/1/72 SHOWER TESTINES SHOULD SARYLAND FOR HEVELEN (UN) OF .. (COID FLEXIBLE

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	11- (06)	0741	BALTIMORE CITY	HEALTH DEPARTM	ENT	72 07417
B	IRTH NO.	0721	CERTIFICA	TE OF DEA	IH REG. NO.	ic orali
1,	NAME OF DECEASED	4	STATE OF	MARYLAND - DHI	ATE AND HOUR OF DEATH	4
	(nmar	Ed	, the		7/31/72	640 R
3	PLACE IN BALTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE	E/(Where deceased lived. If	institution: residence before admission)
III E	ULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA	AL OR INSTIT	TUTION, GIVE STREET	md	BAHO	5500
	ASIITUTION	. /	. /	C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
	Univ. of Md.	Hasp	. Fol	E. STREET AND NU	MBER . /	YES NO
	38 4			6804	Brookini/1	Kd. 21215
5.	SEX 6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years fast birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	FEMALE WHITE	WIDOWED		7-19-11	6/	Monins Days Hours Min.
d _d	A. USUAL OCCUPATION (Give kind of work ine during most of working life, even if relired)	10B, KIND O	F BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
	OUSEWIFE AXXXXX	A	T-HOME	BALTIMORE,	MARYLAND	USA
13	FATHER'S NAME			14. MOTHER'S MAIL		
	MORRIS BRILL			REBECO	`A ?	
15	Was Deceased Ever in U. S. Armed Force	es?	1 6. SOCIAL	17. INFORMANT	,,,	ADDRESS
11.	es, na ar unknown) (If yes, give war or dates NO	of Service)	217-05-0163	MDC CADOL	VOCCE 6004 PD	OOKMILL ROAD #21215
	NO		CAUSE OF DEATH		TOPPE, 0004 DR	APPROXIMATE INTERVAL
11	DISEASE OR CONDITION DIR	ECTLY	MT	1-1: n	t.	BETWEEN ONSET AND DEATH
1	LEADING TO DEATH		(A) IMMEDIATE CAU	DATIC (A)	cinoma of	Snenst 1956 >
	17his does not meon the made of heart failure, asthenia, etc. It means	dying, e.g.,	2110 20 02 10	A CONSEQUENCE OF:		
	injury or complication which caused	death.)				
	ANTECEDENT CAUSES		(0)			
	DISEASES OR CONDITIONS, if a	iny, giving	DUE TO, OR AS	A CONSEQUENCE OF		
	rise to the above cause (A) UNDERLYING CONDITION last	stating the				
1	11		(c)			
2	OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING				1
CATION	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	E TERMINAL	***************************************	*******	***********************	
FIC	19A-DATE OF OPERATION 198. CONE	ITION FOR Y	WHICH OPERATION	20A. AUTOPSY? (Ye	s or No. 208, IF YES, WERE	FINDINGS CONSIDERED
ERTIF	0 1956	(A	Breast	No		AUSES OF DEATH?
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner	21 B, hom	PLACE OF INJURY (e.g., in e., larm, factory, street, off	ar about 21 C. WHERE	DID (If in Boltimo	ore City, give exoci location)
MEDI	Ot mack!		INJURY OCCURRED		DID INJURY OCCUR?	
	(APPROX)	Wa	rk At Work	' 🗆		,
	22. 1 certify that (1) (this haspital)	attended t	he deceased from	7-13	19 72 to	7/3/ 19/3
	that (1) (we) last saw the deceased	alive on	7 (31	1972	and that in (my) (our) op	inion death occurred on the date
	and have and from the causes state	d above (1	(We) (did) (did not) vi			
	23A. SIGNATURE	11/			,HS.	238, DATE SIGNED
	Kennad & //	st.	/// for / Dhise	iding Med.	Shaff T	7/21/77
\parallel	23C. PHYSICIAN'S NAME (Type)	0	DEGREE	3D. ADDRESS	11/4.	1/3///
	CONRAD E.	NAG	IE MD	11.01	Md. Hosp	
24	A. BURIAL CREMATION, 248, DATE		AME OF CEMETERY OF CRE	MATORY	24D. LOCATION (C	ily, town, or county) (State)
	BURIAL 8/2/72				BALTIMORE, MAI	
25	7, -, -		Z CHAIM OF REGISTRAR	25C. FUNERAL DI		ADDRESS
	AUG4 1972	-//	weighthout	120		10 REISTERSTOWN ROAD
VS	150-REV. 1/1/68	1 50 7	Ac 12	TOOL TOAT	COM Q DIOUT, OU.	

TITLE

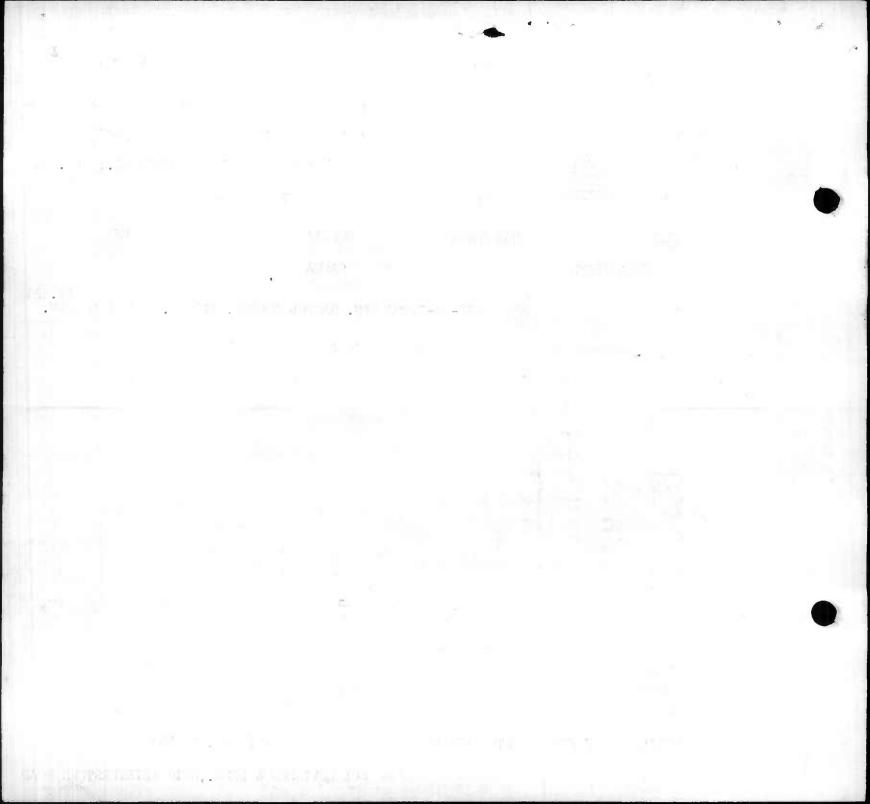
THE TAX

217-05-0165 NMB. CARCL WATER, NO. 1 P. C. III CAR 42522

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

	72.0	74 8 BALTIMORE CITY	HEALTH DEPARTMENT	70 67446 7
11,	IRTH NO.	CERTIFICA	TE OF DEATH "ESTINO"—	72 07418
	NAME OF DECEASED	STATE O	F MARYTAND - DHMH 2. DATE AND HOUR OF DEATH	
	Type or Print) JOSEPH B	PAUE	7-31-72 9	:02 4m
	PLACE IN BALTIMORE MARYLAND, WHERE P	ONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If in:	stitution: residence before admission)
310	FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) NSTITUTION	NSTITUTION, GIVE STREET	MARYLAND LEVINDE	DE CITY LIMITS?
	SNAI HOSPITAL 0:	F BALTIMORE	BALTIMOre	YES NO
	+2		E. STREET AND NUMBER EXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	INTH RD. APT. 2E
5	MAATE MAITE	RIED NEVER MARRIED WED XX DIVORCED	8. DATE OF SIRTH 9. AGE (In years lost birthday)	If Under 1 Ye, If Under 24 Hrs. Months Days Hours Min.
1	DA. USUAL OCCUPATION (Give kind of work 108, KIN		11. BIRTHPLA CE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
d	AGENT If a seem if retired	NSURANCE	RUSSIA	USA
11	3- FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	ABBA BRAVE		GAEDA	
1:	i. Was Deceased Ever in U. S. Armed Farces? es, no ar unknown) (If yes, give war or dates of ser	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS APT.621
	NO 👼 🔏		MRS. SAMUEL ABRAMS, 1190 W.	
5	DISEASE OR CONDITION DIRECT	CAUSE OF DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) IMMEDIATE CAU	SE UMPERGI bleedin	9
	(This does not meon the mode of dying heart failure, asthenio, etc. It means the distinguy or camplication which coosed below.)	ease,	ably from Stressulo	Zis
	ANTECEDENT CARSES	Obs	tructive kidney due	ease
	DISEASES OR CONDITIONS II	iving (B)	A CONSEQUENCE OF:	
	underlying condition in	the (c) FR	ACTURE RMP	
11				
CATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART (A).	ING NAL		
Corteio	19A DATE OF OPERATION 19R CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FI	INDINGS CONSIDERED SES OF DEATH?
14.0	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B PLACE OF INJURY (e.g., ir home, form, foctory, street, off etc.) EVINGALE N	ice bldg. INJURY OCCUR?	City, give exact location)
i c	OF INJURY (Month) (Day) (Year) (Hous)	21 E INJURY OCCURRED	21E HOW DID INJURY OCCUR?	
3	(APPROX) /- (V-/L	While At Not While At Work		4 70
	22. I certify that (1) (this hospital) attend	- 0 .		1972
	that (i) (we) lost sow the deceased alive			Ion deoth occurred on the date
	and hour and from the causes stated above 23A/SIGNATURE	re. (1) (We) (did) (did nat) vi		
		MD Atter	and the same of th	23B, DATE SIGNED
	Jose B. Corvera	DEGREE	Adding Med. Staff Phys. Address Med. Staff Phys. Address	7-31-72
	23C. PHYSICIAN'S NAME (Type) JOSE B. CORVE	RA MO	SINAI HOSPITAL	BALTIMORE
24	A BURLAL CREMATION IN INC.	C. NAME OF CEMETERY OF CRE		lown, or county) (State)
		ETH TFILOH	BALTIMORE, MARY	LAND
25	A. DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
		whey fallow to	SOL LEVINSON & BROS.,6010	
V.	150-REV. 1/1/68	A		



99 17/19

		15 0137	BALTIMORE CITY	HEALTH DEPAR	TMENT				
8-652	BIRTH NO.	MEDICAL I	EXAMINER'S STATE OF	CERTIFIC MARYLAND-	DATE OF	DEATH	REG. NO.	72 0	7419
	1. NAME OF DECEASED (Type or Print) JOSEPH	XXXXXXXXXX	BORNSTEIN	2. DATE OF DEATH	Known Estimoted	Month	Doy	Yeor	Hour

BIRTH NO.					STATE OF B	TARATTANI	-DHMH					* * 2. C	
1. NAME OF DEC		H XKAK	XXXXX	N BO	RNSTEIN	2. DATE OF DEATH	Known		Month	Doy	Yeor	Hour	
4. PLACE IN BAL						3. DATE			Month	Doy	Yeor	Hour '	<u>M.</u>
FULL NAME OF HOSPITAL	(IF NO		L OR INST		GIVE STREET	PRONO	UNCED DE		July :	31,1972		3:42	2 P.M.
CHURC	н номе	AND HO	SPITA	AL		5. USUAL F A. STATE	Mary 1		deceosed !	B. COUNTY	ı: residence b	7 L	sion)
6. SEX	7. RACE		B. SAADD	IED 🗆	NEVER MARRIED	C. CITY OF				D. INSIDE C	TY LIMITS?	,	
Male	White		WIDOW		DIVORCED [Balt:	imore			V	ES 🗆	NO 🗆	
9. DATE OF BIRT	Н	IO. AGE (In	yeors	If Under	I Yr. II Under 24 Hrs. Doys , Hours , Min.	11		BER			٠.5 ا	40 🗀	
MARCH 5		lost birthd o	0.3				Taney	Road	l, Ap	t. 2A			
11. BIRTHPLACE	otote or to reig	in country)		12. CITI	AT COUNTRY?	13. FATHER	SNAME						
BAL		MARYL			USA		AC BOR						
done during most of	IPATION (Giv working lile, ev	e kind of work en if retired)	148. KIND	OF BUS	INESS OR INDUSTR	Y 15. MOTHE	R'S MAIDE	N NAM	E				
	MPLOYED			BRO			A BORD	ANSK	Y				
16. WAS DECEAS (Yes, no or unknown					SOCIAL SECURITY NO.	18. INFOR	MANT			A	DDRESS		
NO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					MR. HA	RRY BO	RNSTI	EIN.	2904 TAN	EY RD.	APT.	2A
19.	1.5-	X			CAUSE OF DEA	TH	- 7 1				AP	PROXIMATE IN	TERVAL
DISEAS	E OR COND	ITION DIREC	CTLY		Gunshot	wound	of che	est					
	LEADING TO				(A)IMMEDIATE	CAUSE							
heort loilure	ot meon the , osthenio, etc nplicotion whi	. It meons the	diseose,			AS A CONSEC	UEN CE OF:						
	NTECEDENT	CALISES			4-1								
DISEASES	OR CONDITI	ONS, IF ANY	, GIVING		DUE TO, OR	AS A CONSE	QUENCE OF	F:					
UNDERLYII	E ABOVE CA		ING THE										
8					(C)								
OTHER SIGN TO THE DE DISEASE OF	VIFICANT CON	II ADITIONS CO	ONTRIBUT	ING									
DISEASE OF	ATH BUT NOT	RELATED TO	THE TERM	INAL									
20A. DATE O			, ,	FOR WH	ICH OPERATION W	AS PERFOR!	AED		-		21. AUTO	PSY? (Yes o	r No)
0 0											v	es	
Z2A. EXTER	NAL CAUSE	WAS		22B. PLA	CE OF INJURY(e.g.	in or obout	22C. WHERE	DID (II	in Boltimo	ore City, give exc	-		
UNDERLYING	OR CON	TRIB-		home, lo	m, loctory, street, olfi	ce bldg., etc.)	NJURY OC	CUR?				201	
UTING ☐ CA	(Month) (E	TH. Ooy) (Yeor	·) (Hou) [22E.]	Loan Co. (Pawn)	LI N. C	Jaro I	ury occ	UR?	. %	- O	-
OF INJURY _ (APPROX.) 7			34 P.	,		WHILE C							
23.	JI / L	3	77 1.	m. WOR	K AT	VORK	Shot d	urin	ig ro	bery			
I cert	ify that I h	eld on l	nquiry [] In	spection A	topsy X	ond tha	t on thi	s basis,	deoth in my	opinion		
resul	ted from: N	atorial cau	ses 🗍	Accl	dent Sibici		omicide 🗵	7 u	ndeterm	ned monner			
	X		10	111	/ //	Deputy							
ACTUAL		Les	M	1/2	11		ISTANT MED			ī		DATE SIGN	1ED
SIGNAT		7	-//	ju	C C	· ·					8/	1/72	
NAME (Type) K		N. Ko		um, M.D.		OCIATE MED						
24A. BURIAL CRE REMOVAL (Speci		48. DATE		24C. N	IAME of CEMETERY	or CREMAT	DRY	24D. L	OCATION	(City, town	n, or county)) (Stot	te)
BURIAL		8/2/7		_	AI ISRAEL					RE, MARY			
25A. DATE REC'D			258.	AME OF	REGISTRAR		FUNERAL D				DDRESS		
	AUG4	197,2	4	idn	ymron	SOL	LEVIN	SON	E BRO	5.,6010	REISTE	RSTOWN	I ROA
VS 151-REV. 1/1/6	VX	773	21/			2 .	1 1	1				1	

12 March 5, 1984

MERITARY MARATYRE LINY TRANSPORTER

SELF FREE CAUSE THE STREET, THEN BOILD WHAT COUNTY STREET

MANAGERIA OR TARRY ROPSSTRING COOK TARRY OR , AMI . 38-

HEREAL 8/2/72 DIATEMENT HAVE NOT THEFT WAS A PROPERTY OF THE P

MANY DESCRIPTIONS OF THE PROPERTY AND A STREET AND ASSESSMENT ASS

VS 150-REV. 1/1/68

12:15 A. M. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) D. INSIDE CITY LIMITS? NO YES #21209 If Under 1 Yr. If Under 24 Hrs. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS GREENSPRING AVE. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact lacotion) and that in (my) (por) apinian death accurred an the date 23B. DATE SIGNED (State) (City, town, or county) NEWARK, NEW JERSEY ADDRESS SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD Later Control of the

- 155 EVITED

Appendix Manual Street and Street

ROSES CHIEFORN THE WEST TO THE TOTAL

AVENUE WANTED TO THE STREET

1 (1-ca-page and, manual frametha, 273) and the ball

DEAD VEHICLE FORD

HRFH RES. LEON & HAZREN P. CONT.

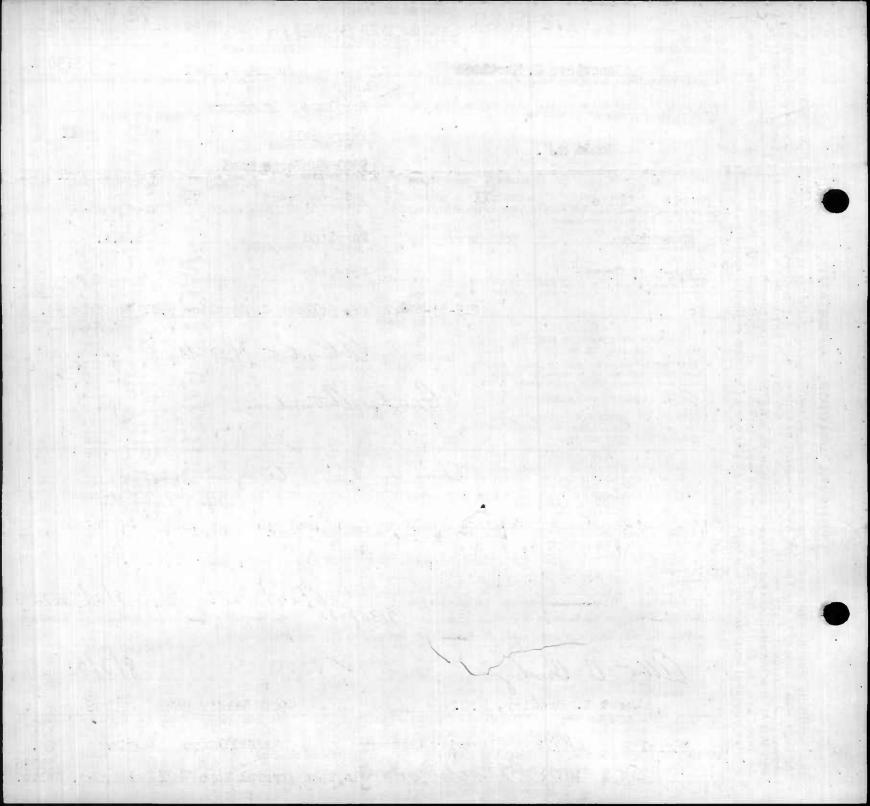
STREET MERSAN

PROPERTY OF THE PROPERTY OF TH

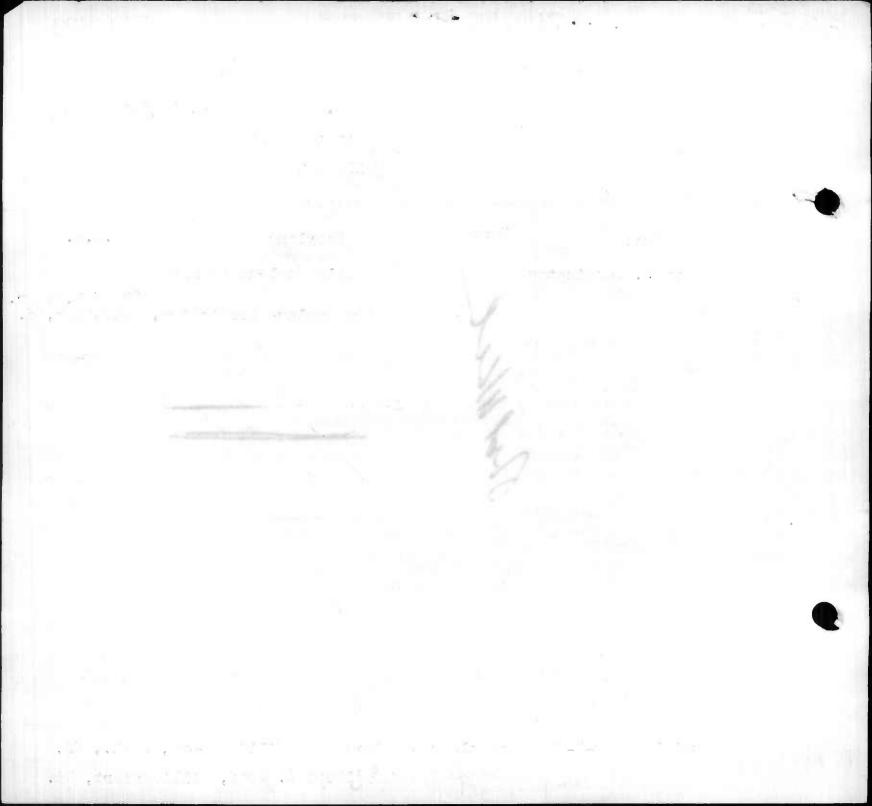
4-6341

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

72 07421 BALTIMO	DRE CITY HEALTH DEPARTMENT 72 07421
(FRII	IFICATE OF DEATH TREG. NO.
BIRTH NO.	OF MARYLAND-DHMH
(Type or Print)	Z. DATE AND HOOK OF DEATH
Genevieve C. Hartlieb	August 2, 1972
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased fived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STR HOSPITAL OR AOORESS OR LOCATION)	Maryland Baltimore C. CITY OR TOWN D. INSIDE CITY LIMITS?
Gould N.H.	Perry Hall YES NOT
	9901 Gunforge Road
S. SEX 6. RACE 7. MARRIED NEVER MARR	
Female White WIDOWED DIVORGE 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR IN done during most of working life, even if refired)	CED July 20, 1897 75
Housewife Homemaker	Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Gilbert J. Hughes	Bridgate
S. Was Deceased Ever in U. S. Armed Forces? (Yes, na or unknown) (If yes, give war or dates of service) SECURITY No.	IO. 17. INFORMANT ADDRESS 21128
027 02 (
	5722A Mr. Gilbert J. Hartlich 9901 Gunforge Rd.
heart foilure, osthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obave cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATIC WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21A. ACCIDENT WAS UNDERLYING 10R CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCUR While At 1	JRY (e.g., in or obout 21C. WHERE DID street, office bldg., INJURY OCCUR?
	1/2//
22. I certify that (I) (this heapital) attended the deceased from	
that (1) (we) last saw the deceased alive on	7/30/1972 ond that in(my) (our) apinion death occurred on the date
and hour ond from the couses stated obove. (1) (Wa) (did) (di	
23A. SIGNATURE	Attending Med. Shoff
	GREE Phys. Director Phys. 1
23C. THYSICIAN'S NAME (Type)	23D. ADDRESS
Albert B. Bradley, M.D.	4900 Belair Road 21206
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER	OLONIC P
REMOVAL (Specify) Burial 8/4/72 Lakeview C 25A. DATE REC'D BY HEALTH DEPT. [25B. NAME OF REGISTRAR]	Cemetery Randallstown Baltimore Md.
	25C. FUNERAL DIRECTOR ADDRESS 21230
AUG 4 1972 Thomas Aug 12 May 1	Laspahn Funeral Home 7401 Belair Rd. Balto
VS 150-REV. 1/1/6B	7 7 7 7



SALTIMORE CITY HEALTH DEPARTMENT 07422 Such (5) Deceased BIRTH NO. of deat I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) LO hospital enning on death. 4. USUAL RESIDENCE (Where deceased lived, 11 institution: residence before admissional A. STATE B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance cause Md. FULL NAME OF HOSPITAL OR INSTITUTION Washington (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN cause; O 10 D. INSIDE CITY LIMITS? Williamsport YES -NO X prior conffibuting E. STREET AND NUMBER Curred RFD Undetermined regular is made 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In years NEVER MARRIED Il Under 1 Yr. Months: Days Il Under 24 Hrs. deceased lost birthday Haurs WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition Ξ done during most of working life, even if retired) None U.S.A. None Maryland Was the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 4 Nova W. Pennington Lola Marlene Jordan assistant eath uo kind; 15. Was Deceased Ever in U. S. Armed Farces?
(Yes, no ar unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT 1033D Noland ECURITY NO. attendance No 0 None Mrs Marlene Pennington, Hagerstown, Md. any pronounced or CAUSE OF DEATH APPROXIMATE INTERVAL DISEASE OR CONDITION DIRECTLY of baimed LEADING TO DEATH (3) A fracture (This does not mean the mode of dying, DUE TO, OR AS A CONSEQUENCE OF ular heart failure, asthenia, etc. It means the diseast injury or complication which coused death.) E ANTECEDENT CAUSES who reg DISEASES OR CONDITIONS, if ony, rise to the above cause (A) physician UNDERLYING CONDITION last. remains Was any nature; (2) Body burns; П OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE TERMINAL
DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTIFICATION Cian the the 19A. DATE OF OPERATION 1198. CONDITION FOR WHICH OPERATION ō 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No) WAS PERFORMED physi ore to the hospital by 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where 21B. PLACE OF INJURY (e.g., in or about 21C, WHERE DID home, form, factory, street, office bldg, INJURY OCCUR? (If In Baltimore City, give exact location) Ŷ MEDICAL DEATH (notify medical examined obtained 21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 9 DID INJURY OCCUR? OF INJURY approved (except Not While (APPROX.) and Work 22. I certify that (I) (this hospital) attended the deceased from that (1) (we) lost saw the deceased alive on, and that In(my) (our) opinion death occurred on the date An accident of hospital death) the body was released and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. must 23A. SIGNATURE 23B, DATE SIGNED Attending 10 approval Director 0 23C. PHYSICIAN'S prior 23D. ADDRESS at NAME (Type) er D.O.A. shows: (1) deceased written ap 24A. BURIAL CREMATION. 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, at county) REMOVAL (Specify) (State) 8-4-72 Greenlawn Cemetery Williamsport, Wash., Was 25A, DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR Albert L. Leaf, Williamsport, Md. VS 150-REV. 1/1/68

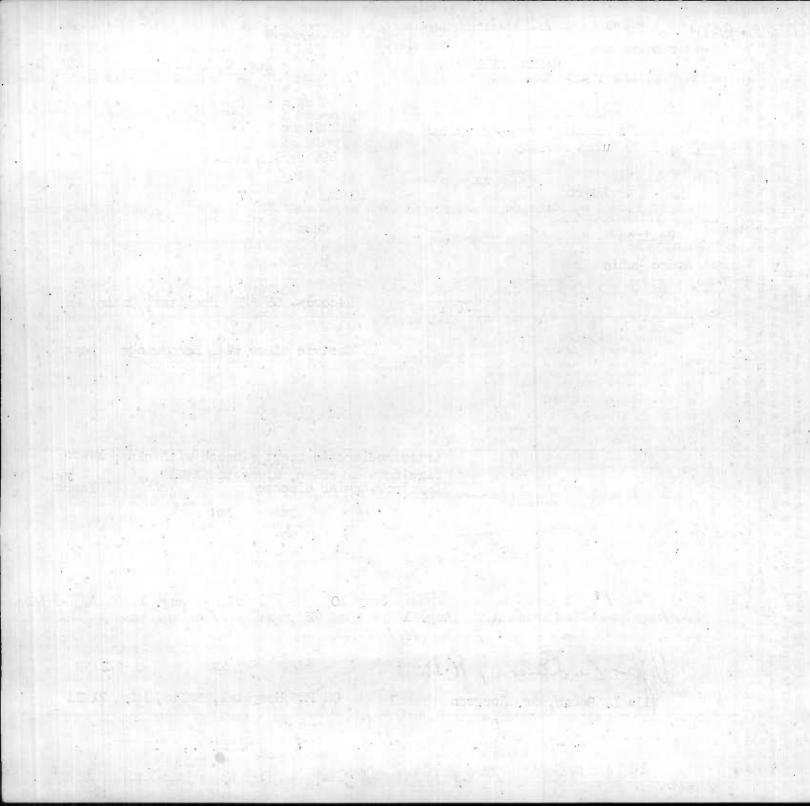


RGB

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

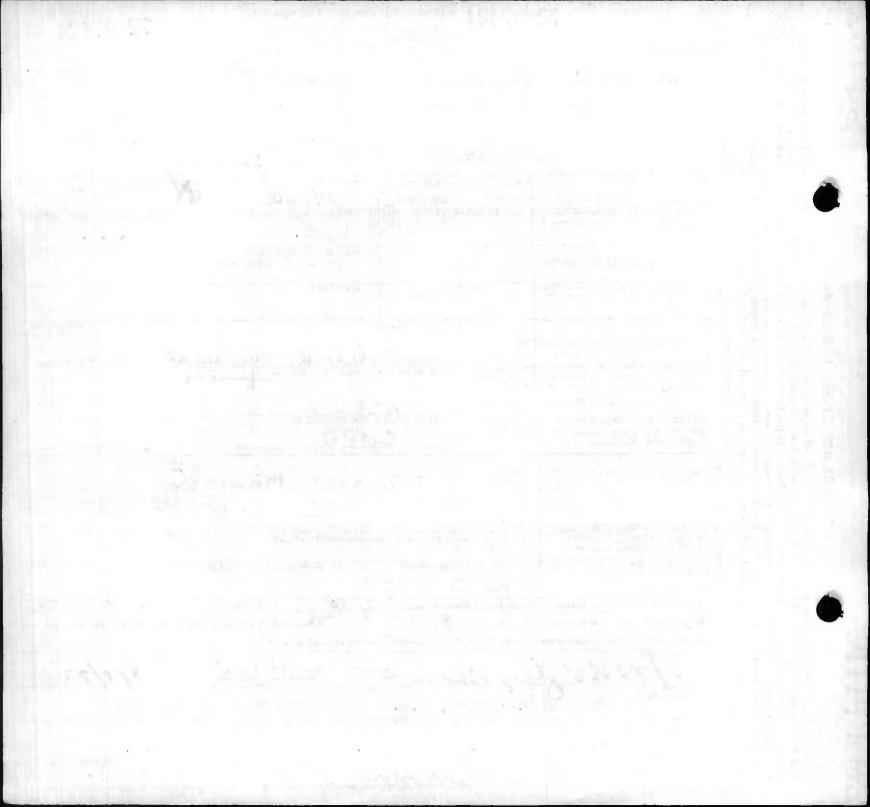
20 (7423 BALTIMORE CITY	HEALTH DEPARTMENT		79 (.17A0)3
	CERTIFICA	TE OF DEATH	REG. NO.	72 67423
I, NAME OF DECEASED	STATE OF	MARYLAND-DHMH	D HOUR OF DEATH	
(Type or Print) RAFAEL	RUBIE		g. 1, 1972	10 A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	4. USUAL RESIDENCE (When		itution: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	Md.	D INSID	E CITY LIMITS?
US Public Health Service	e Hospital	Baltimore		YES NO X
3100 Wuman Parkway		E. STREET AND NUMBER 227 Berlin	Avenue	
Normo	NEUR MARRIED DIVORCED DIVORCED		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
tOA. USUAL OCCUPATION (Give kind of work 108, KIN done during most of working lile, even if retired) Retired	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign Cuba	gn country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	
Andre Rubie		?		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of serv	16. SOCIAL SECURITY NO. 219032467A	17. INFORMANT Cathe Records— US F	rine Rubie	ADDRESS Same
18. 2 2 / / 1	CAUSE OF DEAT			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
LEADING TO DEATH		Gastric ulcer	with hemory	hage Days
(This does not mean the made of dying,	e.g., DUE TO OR AS	A CONSEQUENCE OF:		
heart failure, asthenia, etc. It means the disc injury or camplication which coused death.)	ose,			
ANTECEDENT CAUSES				
	(B)	A CONSEQUENCE OF:		
DISEASES OR CONDITIONS, if ony, gi		A CONSEQUENCE OF:		
UNDERLYING CONDITION lost.	(C)			
_ 11	Arterios	clerotic heart	isease with	old Years
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG Carcinon	a of colon, diss	sected 1971	l vr.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Cerebrov	ascular disease		Years
19A. DATE OF OPERATION 19B. CONDITION I	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
19A-DATE OF OPERATION 19B. CONDITION I WAS PERFORMED		yes	yes	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY le.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE DID fice bldg., tNJURY OCCUR?	(If in Boltlmore	City, give exoct locotion)
O 21 D. TIME (Month) (Dov) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)	While At Not While Work At Work	• 🗆		
22. I certify that (l) (this hospital) attend	led the deceased from J	ulv 10	19 72 to Allo	1 19 72
that (1)/(we), lost saw the deceased alive	an Aug. 1	19 72 and the	nt in (hy) (our) on Inl	on death accurred on the date
and hour and from the couses stated above			ar myn, (001) opini	on death decoired on the date
23A. SIGNATURE	re. (I) (me) (ala) (glg/ plo/t) (lew the body offer deofn.		23B. DATE SIGNED
With I Days	P.D. DEGREE Phy	nding Med.	Staff XX	8/2/72
23 C. PHYSICIAN'S NAME / Jype)	DEGREE	23D. ADDRESS	,	
Vija L. Bauer, Sr.	Surgeon	US PHS Hosp	oital, Balto,	Md. 21211
24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C.NAME of CEMETERY of CR	MATORY 24D, LO	OCATION (City	, town, or county) (Stote)
Burial 8-5-72	Mt. Auburn Co	25C. FUNERAL DIRECTOR	Balto., Md.	ADDOCCC
AUG 4 1972	· · · · · · · · ·	Celson F.H	V.Bailey	ADDRESS
100 = 1010	TO WELL TO THE TOTAL TOT	TELLEVELLE T. ILI	1 DALO VALI	oun Street

VS 150-REV. 1/1/68



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

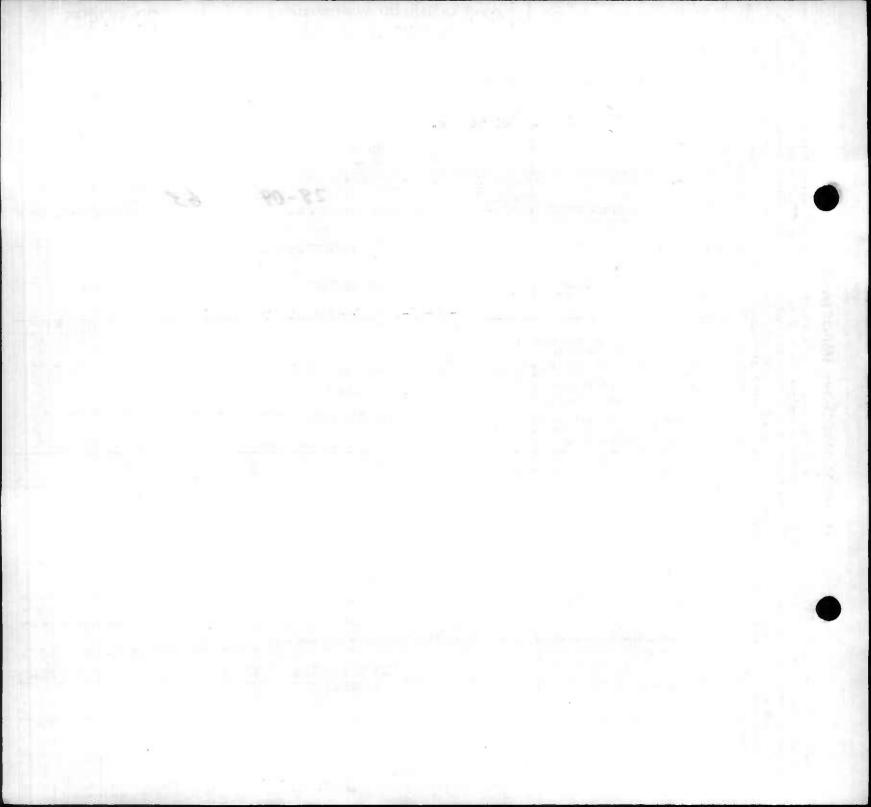
	72	074	C4	HEALTH DEPARTMENT	ייליו	0.0740.6
BII	RTH NO.		CERTIFICA	TE OF DEATH	REG. NO. 7	07424
	NAME OF DECEASED (PO or Print) Cannon, Role	pert	DIAIN OF	8/1/72	2	11:10 p.
	PLACE IN BALTIMORE, MARYLAND, WI			A. STATE & COUNTY	sed lived. If institution	residence before admission)
H	JLL NAME OF IF NOT IN HOSPITA OSPITAL OR ADDRESS OR LOCAT	L OR INSTITUTION	UTION, GIVE STREET	Maryland	D. INSIDE CITY	1001
-	3 3			Baltimore	YES -	-
)	The Johns Hopkins	s Hosp	ital	E. STREET AND NUMBER 1550 Lesli St	treet	
5.	Male Negro	· MARRIED	NEVER MARRIED	8. DATE OF BIRTH 9. AGE	(In years of Month	der 1 Yr. If Under 24 Hrs.
104	A. USUAL OCCUPATION (Give kind of work)			11. BIRTHPLACE IState or loreign count		TIZEN OF WHAT COUNTRY
don	ne during most of working life, even if retired)			Md.		J.S.A.
13.	Tombert Anderson			Rachel Cannor	1	
15. Ye	Was Deceased Ever in U. S. Armed Force s, no ar unknown! (If yes, give war or dotes	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
_	118, // . 0 7 1		CAUSE OF DEAT	Helen Cannon		APPROXIMATE INTERVAL
ATION	injury or camplication which caused of ANTECEDENT CAUSES DISEASES OR CONDITIONS, if an inse to the above cause (A) at UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	ny, giving stating the	(b) DUE TO, OR AS	SCUD A CONSEQUENCE OF: OPD RIGHT HEMI	OAKERD-	
CERTIFIC,	19A DATE OF OPERATION 19E COND	TION FOR Y	YHICH OPERATION	Yes Yes or No. 208, IF	TES WERE FINDING	S CONSIDERED DEATH?
CAL CE	21 A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inatify medical examined	21 B. hometc.)	e, form, factory, street, of	nor obout 21C, WHERE DID	(If in Boltimare City, g	ve exact location)
MEDI	21 D. TIME 1Manth) 1Day) 1Yearl OF INJURY 1APPROX.)		INJURY OCCURRED Not While At Work	21F. HOW DID INJURY OC	CUR?	
	22. I certify that (1) (this hospital)	attended th	ne deceased from	7/30 19/2	ta. 8	1922
	that (H (we) last saw the deceased		8/1	19 2 and that In (m)	- /	
	and hour and from the causes state	d abave. (1)	(We) (dld) (did not) v			TE SIGNED
	23C. PHYSICIAN'S	uy.	DEGREE Phys		8	1/1/72
	NAME IType) Frederick	M. Wi		The Johns Hopk:	ins Hospit	al
24A	REMOVAL (Specify)		ME of CEMETERY OF CRE			
25A	Burial 8-5-72 A. DATE REC'D BY HEALTH DEPT. 12		t. Auburn C	em. Bal	timore, Md	
	AUG 4 1972	. // .	wy herosto		48 Calhou	n St.
/5	150-REV. 1/1/68		/			



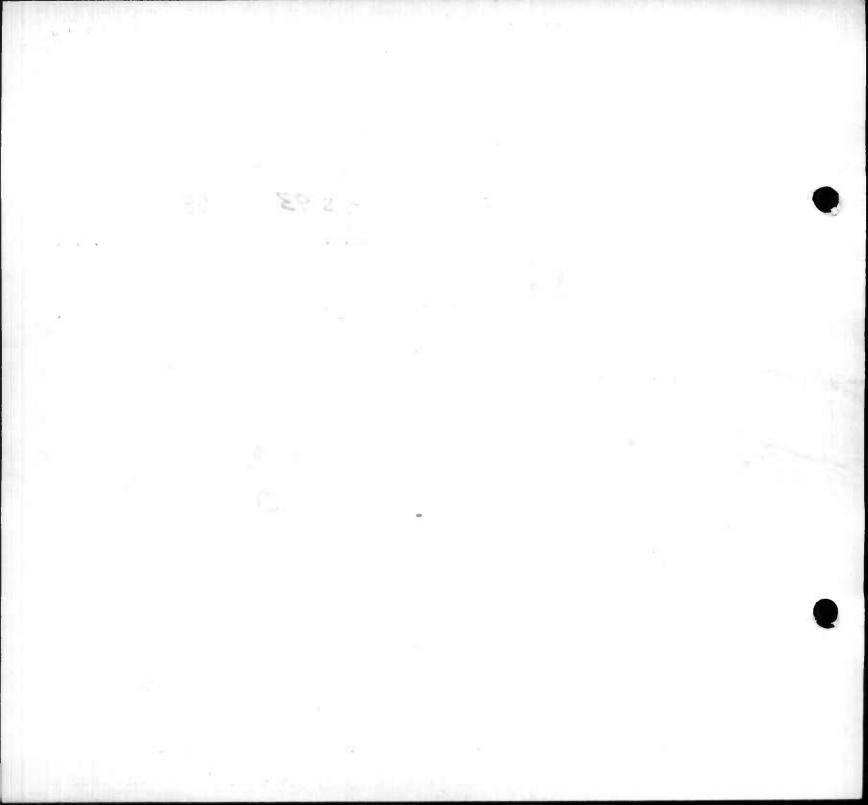
FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

72	0742	5 BALTIMORE CITY	HEALTH DEPARTMENT		72 0	7425
BIRTH NO.	. 0 1 1 1	CERTIFICA	TE OF DEATH	REG. NO STATE	OF MARY	LAND-DHINE
TYPE OF PRINT Riddix		Ernest	6	WELLS DEAT	1 721	7 40 p.M
3. PLACE IN BALTIMORE, MARYLAND, W			4. USUAL RESIDENCE (WHA. STATE B. COU	Balt	in editation: resid	ence before armission)
FULL NAME OF HOSPITAL OR INSTITUTION (IF NDT IN HOSPITAL OR LOCALING INSTITUTION)	ty Heig	THON, GIVE STREET ht Ave.	C. CITY OR TOWN	D. IN	SIDE CITY LIMIT	errore.
9 Provident Hoy	>-		E. STREET AND NUMBER	ne aus	YES 🔀	NO [
5. SEX 6. RACE	Z. ALADOURD E	Zalmien Mannien [7]	8. DATE OF BIRTH	9. AGE (In years	1 H Hadas 1	Yr., If Under 24 Hrs.
m	WIDOWED	NEVER MARRIED DIVORCED	4-28-119	lost birthdoy	Months De	Yr. If Under 24 Hrs. Dys Hours Min.
IOA. USUAL OCCUPATION (Give kind of work			11. BIRTHPLACE (State of los	eign country)	12. CITIZEN	DE WHAT COUNTRY
done during most of working life, even if retired)			Baltin	rore ma	4	USA.
Wm. Riddix			14. MOTHER'S MAIDEN NA	ne Watkin	5	
15. Was Deceased Ever in U. S. Armed Fan		1 6. SOCIAL	17. INFORMANT	TIO HOOKEIN		DDRESS
(Yes, no ar unknown) (If yes, give war at date	s of service)	SECURITY NO.			Al	JOKE22
		212-09-15-61		K (WIFE) SA		
DISEASE OF CONDITION DIE	ECTLY	Gastro	1 /	hemorpho	pe BET	APPROXIMATE INTERVAL WEEN ONSET AND DEATH
LEADING TO DEATH		ANIMMEDIATE CAU		0		
IThis does not mean the mode of heart failure, asthenia, etc. It means	the disease,	DUE TO, OR AS	CONSEQUENCE OF:			
injury or camplication which caused	death.)	Sichle	cill			*
ANTECEDENT CAUSES		(8)	A CONSEQUENCE OF:			
DISEASES OR CONDITIONS, If (nise to the above cause (A) UNDERLYING CONDITION last,	any, giving slating the	(C)	A CONSEQUENCE OF:			
11			2 0 4 0	0 1		
OTHER SIGNIFICANT CONDITIONS COIL TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	IC TEDIAINIAI	Sich	heell 7	halassen	wa	##************************************
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PARTICIPATION 198. CONTO	DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes of N	O) 20B, IF YES, WERI	E FINDINGS CO	NSIDERED TH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21 B. hame etc.)	PLACE OF INJURY (e.g., in b, farm, loctory, street, off	or obout 21 C. WHERE DID	(If In Boltim	ore City, give ex	act location)
21D.TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	0.07	Not While	21F. HOW DID IN	JURY OCCUR?		
22. I certify that (1) (this hosp)tal			July 18	19 72-10	ty. 1	10 72
that (1) (we) last saw the decease		ay. 1,	72 0 - and 1		Inlan death o	occurred an the date
and hour and fram the causes state	ed above. (I)	(We) (did not) vi	ew the bady after death.			
23A. SIGNATURE V. Chita	afte	Atter	nding Med. Director	Shaff Phys.	23 B. DATE S	GNED / V/
23C. PHYSICIAMS V. Chi	traple	e	3D. ADDRESS Procur	dent to	The The	1)/
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	Z4C.NA	DEGREE ME OF CREE	MATORY 24D. I	OCATION (City, town, or co	ounty) (Stote)
D	lit.			Baltimore,		
BUTIAL 8-7-72 25A. DATE REC'D AY HEALTH DEPT. AUG4 1972	25B. WAME OF		25C. FUNERAL DIRECTO	V. Dailey	7	ADDRESS
VS 160 DEV 1/1/48		12 11	- war name of the	1740 08	lhoun	Street



72 0	7426 BALTIMORE CIT	Y HEALTH DEPARTMENT	H	72 07426
BIRTH NO.		TE OF DEATH	REG. NO.	07450
1. NAME OF DECEASED			STATE	OF MARYLAND DEM
CHAMBERS,	ALLISON		1-72	12.10 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (Whe	te deceased lived It in alter	lion: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR	INSTITUTION, GIVE STREET	Monday		1001
INSTITUTION ADDRESS OF ECCATION		C. CITY OR YOWN	D. INSIDE	CITY LIMITS?
Sulkeran Hospital	of Maryland	Salto.	YE	S NO
46	0	E. STREET AND NUMBER	-0.	
5. SEX 6. RACE 17. a.a.		1668 VIRGIA	Cf.	
male Negro WIDO	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 0-18-93	9. AGE (In years If lost birthdoy)	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIP done during most of working life, even if retired)	NO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	gn country) 12	CITIZEN OF WHAT COUNTRY
Retired. B	arber	S.C.		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA!	ME	0.0.11.
	The state of the s			
5. Was Deceased Ever in U.S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of ser	1 6- SOCIAL	17. INFORMANT		ADDRESS
, , , , , , , , , , , , , , , , , , , ,	220300344A	Jam <u>es Chambe</u>	re 2751, FT	
18.	CAUSE OF DEAT		15 6/)4 11	
DISEASE OR CONDITION DIRECTLY		•		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	ANNAMEDIATE CAN	SE SEPTICE SI	Liek	
(This does not mean the made of dying, heart failure, asthenia, etc. It means the dis		A CONSEQUENCE OF:	7000	
injury ar camplication which caused death.)	euse,			
ANTECEDENT CAUSES	(0)			
DISEASES OR CONDITIONS, If any, g	iving DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the above cause (A) stating UNDERLYING CONDITION last.	ihe (C)			
11	(0/	***************************************		
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING			
TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART I (A).	******************	*		
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART I (A). 19A-DATE OF OPERATION 19R CONDITION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING TO	FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No	208. IF YES, WERE FINDI	NGS CONSIDERED OF DEATH?
OR CONTRIBUTING LICENSE	218. PLACE OF INJURY (e.g., in home, farm, foctory, street, aff	or obout 21 C. WHERE DID	(If In Baltimore City	, give exact location)
DEATH (notify medical examiner)	etc.)	ice pidge INTOK! OCCUR!		
21D.TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21 F. HOW DID INJU	IRY OCCUR?	
(APPROX.)	While At Work Not While			
22. I certify that (1) (this hospital) attend			21	
that (I) (we) last saw the deceased alive				1972
and have and from the causes stated above		and the	r in (my) (aur) apinian	death occurred an the date
23A. SIGNATURE	e. (1) (ue) (ata) (ata-not) At	ew the bady after death.		
Thefredaly	m-D Atten	ding Med. S		B-1-77
23C. PHYSICIAN'S	DEGREE Phys.	Director P	hys.	8-1-72
TAUFO H. SIDDI	(di m.)	Le There	Horahit.	0
	C. NAME of CEMETERY OF CREA	MATORY	CATION	
Burial 8-5-72				vn, or county) (Slote)
	Mt. Calvery (ltimore, Md.	
AUG4 1972	1. The 1. 3 to 1.	25C. FUNERAL DIRECTOR Kelson P. H.	V. Dailey	ADDRESS
\$ 150 PEV 1/1/49	MAN CONTRACTOR	Kelson D. Ho	1348 Calho	un Streett



THATTE OF WADVE AND DITHE

72 074	27	BALTIMORE CITY HE				2 07	427
BIRTH NO.	MEDICA	L EXAMINER'S	LEKTIFICAT	E OF DEAT	H REG. NO.		
1. NAME OF DECEASED		2	2. DATE Know	n Manth	Day	Year	Haur
DEF		IRSTON	DEATH Estim	nated			M.
4. PLACE IN BALTIMORE FULL NAME OF (II		PRONOUNCED DEAD	3. DATE PRONOUNCED	Month DEAD .	Day	Yeor	Hour
HOSPITATION TIE	DERESS OR LOCATION	A 1 (FAIDED		August	2, 197		7:35 А.м
CERTIF	Calvert Str	AMENULU eet 8-25-72	A. STATE Mary 1	CE (Where deceased liveral and	B. COUNTY	i: residence b	204
6. SEX 7. RAC	B. MA	RRIED NEVER MARRIED	C. CITY OR TOWN		D. INSIDE CI	TY LIMITS?	
Female N	Vegro WID	OWED DIVORCED	Baltimor	e	YE	es 🗌 🔞	NO 🗌
3/28/48	lost birthday)	If Under 1 Yr. If Under 24 Hrs. Manths, Doys, Haurs, Min.		wert Street			
Maryland		12. CITIZEN OF WHAT COUNTRY?	Theodo:	E		411	
4A.USUAL OCCUPATION	(Give kind of work 14B. KI	ND OF BUSINESS OR INDUSTRY			•		
dane during past of working h	ife, even if retired)		Fannie l				
6. WAS DECEASED EVERY (If yes, 1)	101116 10115 5000	ice) 17. SOCIAL SECURITY NO.		thew More	Land, %	PRESS Re	esvoir St
LEADIN (This does not mean heart failure, ostherin Injury or camplication ANTECED DISEASES OR CON RISE TO THE ABOVI UNDERLYING COI OTHER SIGNIFICAN TO THE DEATH BUT DISEASE OR CONDITION 20A. DATE OF OPERA	II T CONDITIONS CONTRI NOT RELATED TO THE TE	(B) DUE TO, OR HE (C) Subdi	AS A CONSEQUENCE	ne tamorphos DF: OF:	is of li		PSY? (Yes or No)
0/2/						yes	
22A. EXTERNAL CA UNDERLYING SOR G UTING CAUSE OF 22D. TIME (Month) OF INJURY (APPROX.) 23.	CONTRIB- DEATH.	228. PLACE OF INJURY (e.g., home, farm, foctory, street, affic Unk.	Unk			oct locotion)	
I certify tho resulted froi ACTUAL SIGNATURE EXAMINER'S NAME (Type)	Marvin S. P.	A Plut M.D.	Hamicide CHIEF N ASSISTANT N ASSOCIATE N	MEDICAL EXAMINER MEDICAL EXAMINER MEDICAL EXAMINER	ned monner [8/2	
24A BURIAL CREMATION REMOVAL (Specify) Burial	8/8/72	24C. NAME of CEMETERY Mt Auburr		Balti	More,	n, ar county) Ma	(Stote)
AUG4 19	//	NAME OF REGISTRAR	25C FUNERA Adolp	hus Halst		OG W	North Av

VS 151-REV. 1/1/6B

8-25-1972- Letter from the Office of the Chief Medical Examiner, Marvin S. Platt, M.D., Assistant Medical Examiner HRS

8-30-1972 - Letter from the Office of the Chief Medical Examiner, Marvin S. Platt, M.D., Assistant Medical Examiner

HRS

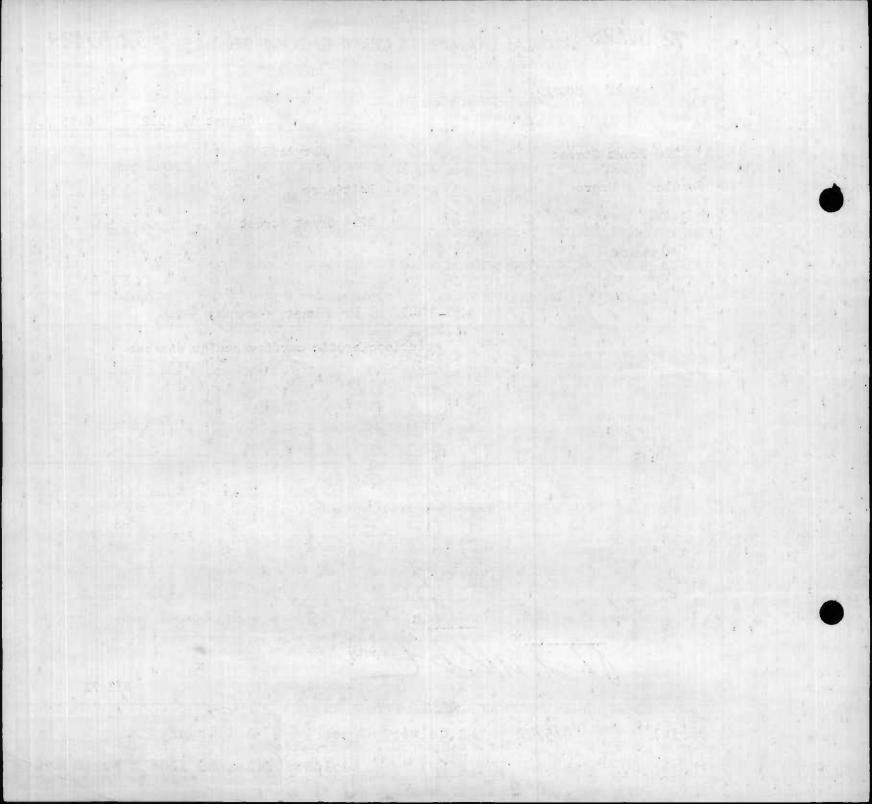
G-430 72 07428

BATTANOR POT VARALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

72 07428

RI	PTH NO	, , , , , , , , , , , , , , , , , , , ,	MED	ICAL	EXAMINER 5	LEKTIFI	CATEO	F DEAT	H REG. NO	1-	11360
BIRTH NO. 1. NAME OF DECEASED				2. DATE	Known 🗆	Manth	Day	Year	Haur		
(Type or Print) MARY GOULD				OF DEATH	Estimoted []			M.		
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				3. DATE		Manth	Day	Year	Hour '		
HC	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION				PRONOUNCED DEAD August 1, 1972 6:55 P. M. 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)					1913	
					A. STATE	Maryland		B. COUNTY	/	403	
6.	SEX	7. RACE		8. MARRII	ED NEVER MARRIED	C. CITY OF	TOWN		D. INSIDE CIT	Y LIMITS?	1
Female Negro WIDOWED DIVORCED			Balti	more		YES		NO O			
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr, If Under 24 Hrs. Months, Days, Hours, Min.											
	1908			64		2224 Brunt Street					
11.	BIRTHPLACE(S Delew		gn country)	1	2. CITIZEN OF WHAT COUNTRY?	13. FATHER	'S NAME			??	
14/			e kind of work	14B. KIND	OF BUSINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN N	A ME			
da	ne during most of w	arking life, ev	en ifretired)		01 D03111233	7.00				??	
16	WAS DECEASE	ED EVER IN	U.S. ARMED	FORCES?	17. SOCIAL	18. INFOR	MANT		AD	DRESS	
(Y «	es, no ar unknawn)	(If yes, give v	wor ar dotes	of service)	2260R470010	88 Mr	Elmer J	oseph,	Smae		
	19.	54			CAUSE OF DEA	TH					PROXIMATE INTERVAL
	DISEASI	F OR COND	OITION DIREC	CTLY	Arterio	sclero	cic cardi	ovascul	ar disea	se	LEN CHOCK AND DEATH
		LEADING TO			(A)IMMEDIATE	CAUSE					
	(This does not mean the made of dying, e.g., heart failure, osthenia, etc. It means the disease, injury ar camplication which caused death.)										
	Injury or con	ipiiculion will	cii cavaea de c	J. 11. J							
	ANTECEDENT CAUSES (B)										
	RISE TO THE ABOVE CAUSE (A) STATING THE										
Z	UNDERLYING CONDITION LAST. (C)										
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING										
5	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).										
RT	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED									21. AUTO	PSY? (Yes or Na)
1 .										no	
CAL	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 22B. PLACE OF INJURY (e.g., in ar about 22C. WHERE DID (If in Baltimare City, give exact lacation) hame, farm, factory, street, affice bldg., etc.) INJURY OCCUR?										
MEDI	UTING CAUSE OF DEATH.										
	OF INJURY	(Month) (E	Day) (Year	r) (Hour)		WHILE -	ZZF. HOW DID I	NJURY OCC	UK?		
	(APPROX.) m. WORK AT WORK										
	I certify that I held on Inquiry Inspection X Autopsy ond that on this basis, death In my opinion										
	resulted from: Notural couses X Accident Suicide Homicide Undetermined monner										
	Deputy CHIEF MEDICAL EXAMINER										
	SIGNATURE / held M/hub (MD						ASSISTANT MEDICAL EXAMINER X				
	EXAMINI		(ASS	CIATE MEDICA	L EXAMINER		872	/72
	NAME (T		OUR DATE		OLG MANE & CEMPTERY	CDEMAX	DRY Loui	LOCATION	/0		
RE	A. BURIAL CREA MOVAL (Specif	(y)	24B. DATE	1	24C. NAME of CEMETERY	or CKEMAT	24	D. LOCATION	(City, town,	or county) (State)
	Burial		8/5	/72	Mt Calvar				ounty	Md	
25	A. DATE REC'D		DEPT.	25B. NA	AME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS					
	AUG4	1972	Tros	my in	Thorson	Ado	lphus H	alstea	ld 1206	WNO	orth Ave
VC	151. PEV 1/1/68			3/10	7 13 15 1	~ 93	1 0	7.A	. /		



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

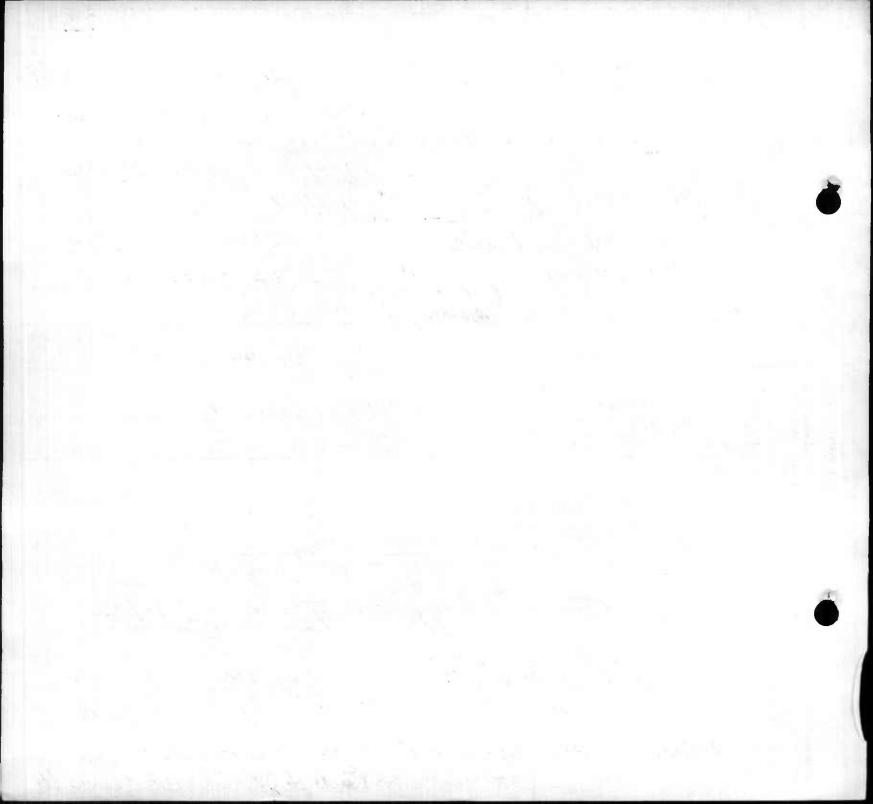
		BALTIMORE CITY	HEALTH DEPARTMENT	MO	02420					
BIR	TH NO. 72 U7429	CERTIFICA	TE OF DEATH	reg. no	07425					
	AME OF DECEASED		2. DATE AND	HOUR OF DEATH						
	LEONARD, ROBE	RT	811	72	1 6. 45 P.M.					
3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUI	ICED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT		n: residence before admission)					
HC	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUT SPITAL OR ADDRESS OR LOCATION)	TION, GIVE STREET	C. CITY ORTOWN	D. INSIDE CIT	Y LIMITS?					
3	OUTH BALTIMORE GERERAL	L HOSPITAL	E. STREET AND NUMBER	YES	NO L					
			Cooper Conugli		BOC 716.					
5. 5	6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH 9.	net historiani . Mont	nder 1 Yr. If Under 24 Hrs. hs: Doys Hours Min.					
	M B, WIDOWED	DIVORCED _	8-20-1402	69						
	USUAL OCCUPATION (Give kind of work 10B, KIND OF during most of working life, even if retired)	SUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country) 12. C	CITIZEN OF WHAT COUNTRY?					
	Laponen Consi	truction	West Rive	sm //kds						
	Ph. + In water	10.	m-11-6	I. t.						
15	Was Decessed Ever in U. S. Armed Forces?	6. SOCIAL	17. INFORMANT	70018	// ADDRESS ///					
(Ye	s, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	* //	STIA	Baws 14. Y.					
	No	220-07288	BA ESTHON SOL	1der 3011-115	-73 2034st					
	18.4 12 4	CAUSE OF DEATH	1		APPROXIMATE INTERVAL					
	DISEASE OR CONDITION DIRECTLY				DETWEEN GROCF AND DEATH					
	LEADING TO DEATH CAMMEDIATE CAUSE CONGESTIVE HEART FAILURG									
	(This does not mean the made of dying, e.g., heart failure, asthenio, etc. It means the disease, injury or complication which coused death.)									
	ANTECEDENT CAUSES (B) Artenoschubic conchio vous cular diseau									
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:									
	rise to the above cause (A) stating the									
		(C)								
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL									
	DISEASE OR CONDITION GIVEN IN PART 1 (A).	HICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINDIN	GC CONCIDERED					
CERTIFIC	WAS PERFORMED	mil		IN CERTIFYING CAUSES O	F DEATH?					
	OR CONTRIBUTING CAUSE OF home	LACE OF INJURY (e.g., in form, foctory, street, of	or obout 21 C. WHERE DID fice bidg., INJURY OCCUR?	(If in Boltimore City,	give exact location)					
CA	DEATH (notify medical examiner) (etc.)			mi						
EDI	21 D. TIME (Month) (Day) (Year) (Hour) 21 E, I	INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?						
2	(APPROX.) White			uil	,					
	00.1		2 1 1 1 10	77 8	11/1972.					
	that (I) (we) lost saw the deceased alive an			In (my) (ger) apinian d	eath accurred on the dote					
	and haur and fram the causes stated above. (1)	(We) (did) (did not) v	iew the bady after death.							
	23A. SIGNATURE	M D Atte	nding Med. S		DATE SIGNED					
	K. Sinihara	DEGREE	Director L P	hys. 9	11/12					
	23C. PHYSICIAN'S NAME (Type) SIRITHARA	M.D	SOUTH BALTI	MORE BENERA	L HOSPITAL					
244	BURIAL CREMATION, 248, DATE / 24C. NA	ME of CEMETERY OF CRE	MATORY 24D. LO	CATION / (City, tow	n, or county) (Stote)					
1	REMOVAL (Specify) OSODO Tem	His Alas	la Com M.	(seal to a)	md					
25A	A. DATE REC'D BY, HEALTH DEPT. 25B. NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR	101010	/ADDRESS					
-57	AUG4 1972	en 1002 - 2	William French	wellen 21m	lahlar All X					
Vs	150-REV. 1/1/68	MANUAL A	Secondary Lines of	11/h/ min 1/1/	guran of.					
4.0		J								

11/16/70 Adm.
Prev. address also N. H.

Section and section in the second

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed of final disposition is made.

	72 (7430 BALTIMORE CITY	HEALTH DEPARTMENT		79 07490				
ВІ	RTH NO.	CEKTIEICA	TE OF DEATH	REG. NO.	72 07430				
	NAME OF DECEASED	STATE OF	MARYLAND-DHMH	HOUR OF DEATH					
3.	PLACE IN BALTIMORE, MARYLAND, WHERE I	WILLE	7/3/	72	1/1:35 PM				
			1. COOK.	deteosed lived. If institu Y	lian: residence belare admission)				
H	ILL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	C. CITY OR TOWN	9271mon	ef 806				
	THE JOHNS HOPKI	NS HOSPITAL	RATIMO		CITY LIMITS?				
11	3 3		E. STREET AND NUMBER	2	3 20 140				
5	SEX 6. RACE 7. AAA		1704 10.0	HAPFL	ST. M.D.				
1	m NERPS MA	RRIED NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In years If	Under 1 Yr. II Under 24 Hrs. onths: Days Haurs Min.				
10/	LUSUAL OCCUPATION (Give kind of work 108, KI	OWED DIVORCED DIVORCED NO OF BUSINESS OR INDUSTRY	11. SIRTHPLACE (Slote ar foreign	6/60					
de	during most of working life, even if retired)	0	S CAPAI	I al A	2. CITIZEN OF WHAT COUNTRY?				
13.	FATHER'S NAME	PUBLIC.	14. MOTHER'S MAIDEN NAM	71015	USA				
	GARROUN		-						
15.	Was Deceased Ever in U. S. Armed Forces? s,no ar unknown) [If yes, give wor ar doles af se	1 6. SOCIAL	ELIZA 17. INFORMANT	(UNKA	NOWN)				
11	LES Denv Wall	TT ALL	WIFE	=	ADDRESS				
	18.	CAUSE OF DEATH			APPROXIMATE INTERVAL				
	DISEASE OR CONDITION DIRECTLY		1		BETWEEN ONSET AND DEATH				
	IThis does not mean the mode of dying, e.g., (A) IMMEDIATE CAUSE CHED I ARE AREFORD DUE TO OP AS A CONSEQUENCE OF								
	heart foilure, astheria, etc. It means the disease, injury or complication which caused death.)								
	ANTECEDENT CAUSES	7 REA	1,000 to DIACA	and made to					
	DISEASES OR CONDITIONS, if any, giving (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C								
	rise to the above cause (A) stating UNDERLYING CONDITION last.	the (c)	13C						
	11	(0/100000000000000000000000000000000000							
l é	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM	ING			V-19				
CERTIFICATION	DISEASE OR CONDITION GIVEN IN PART 1 (A).	****************	20A. AUTOPSY? (Yes or No)	208 Jr v-2					
RTI	WAS PERFORMED	TOR WHICH OFERATION	AUTOMITTIES OF NO.	208. IF YES, WERE FINDI IN CERTIFYING CAUSES	OF DEATH?				
()	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218 PLACE OF INJURY (e.g., in hame, form, foctory, street, off	or obout 21 C. WHERE DID	(If In Boltimore City	/, give exect location)				
11.5	DEATH Inatily medical examined	etc.)	ice blogs, INJURY OCCUR!						
MEDIC	21D.TIME (Month) (Day) (Year) (Hour) OF INJURY		21F. HOW DID INJUR	Y OCCUR?					
	(APPROX.)	While At Not While At Work		/					
	22. 1 certify that (1) (this hospital) attended the deceased from								
	that (i) (we) lost sow the deceosed alive on 7/3/19 73 and that in (my) (our) epinion death occurred on the date								
	and hour and from the causes stated obove. (1) (We) (did) (did nat) view the body ofter death.								
	1 6-00 1 h	Atten	ding	m 1	DATE/SIGNED				
	23 CATSIGANS	DEGREE Phys.	Director Phy		1/31/72				
	PAME (Type)	of mo	SO HAUS HAG	evill 11					
24A	BURIAL CREMATION, 24B, DATE 2.	DEGREE		X/103 HO	SPITAL				
11 0		A . R . A	240. LOC		wn, ar caunty) (State)				
25A	URIAL 8-5- 72 V	ME OF REGISTRAR	25C, FUNERAL DIRECTOR	EHRUNDEL	Co., Nd.				
	AUG4 1972	ridgey Andrink	Roy ADD. Og	applich 21121	coline 1+				
VS .	50-REV, 1/1/68	1		1000	SIVEWEN LUI				



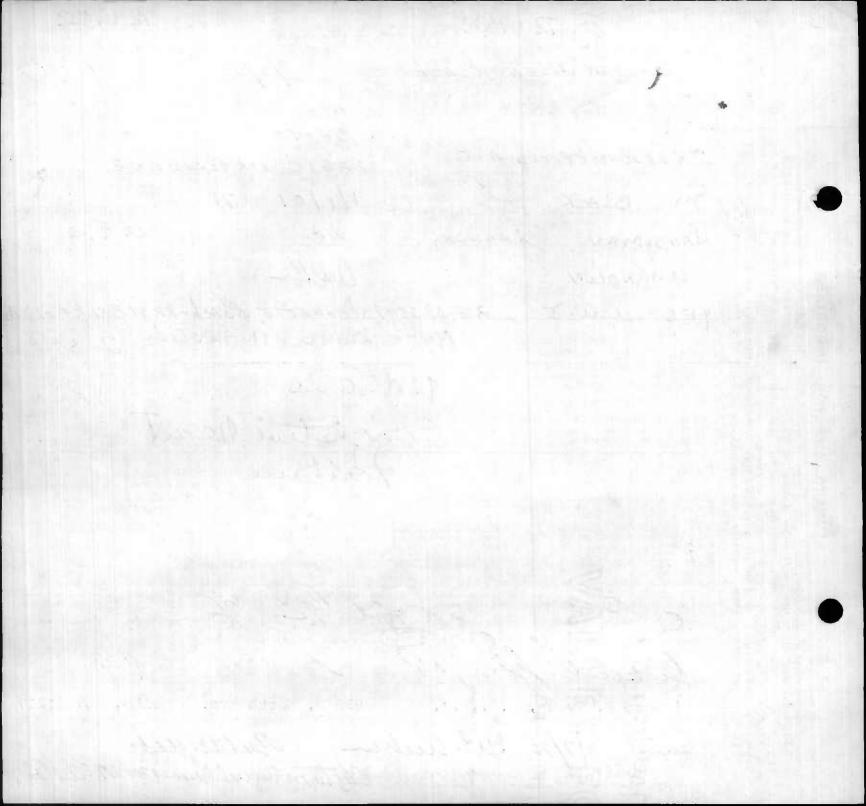
H-525

BALTIMORE CITY HEALTH DEPARTMENT

72 U /4.31 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH 72	2 07431
BIRTH NOSTATE OF MARYLAND-DHMH	REG. NO.	1,01
1. NAME OF DECEASED	2. DATE Known Month Doy	Year Haur
MARY E. HENSON	DEATH Estimated L	M.
	PRONOUNICED DEAD	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	August 1, 1972	3:02 P _{•M} .
PROVIDENT HOSPITAL	A. STATE Maryland B. COUNTY	1513
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY I	IMITS?
Female Negro WIDOWED DIVORCED	Baltimore YES	No 🗆
AUG. 13,1906 last birthday) Manths, Days, Haurs, Min.	2 618 Oswego Avenue	
Towson, Maryland	UNKNOWN	
	15. MOTHER'S MAIDEN NAME	
Retired Demestic	UNKNOWN	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
		APPROXIMATE INTERVAL
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21	. AUTOPSY? (Yes or No)
UNDERLYING OR CONTRIB- home, farm, foctory, street, office	, in or obaut 22C. WHERE DID (if in Boltimore City, give exact to bldg., etc.) INJURY OCCUR?	acation)
22D. TIME (Month) (Day) (Yeor) (Haur) 22E.NJURY OCCURRED WHILE AT NO MORK AT NO	22F. HOW DID INJURY OCCUR?	
	otapsy and that an this basis, death in my api	inian
	de Hamicide Undetermined manner	
	eputy CHIEF MEDICAL EXAMINER	DATE SIGNED
EYAMINED'S	ASSOCIATE MEDICAL EXAMINER	8/2/72
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or	r county) (State)
	Cemetery Baltimore	Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	M. January and M. Jan	
MICA 1072 Sidney borkon	TALLEWIS T GWYNN 4517 PAR	HETCHMO AT
NAME OF DEATH NAME OF DEATH NAME OF DEATH NOT IN HOSPITAL	TIMETONIO W	

Thrush, interland the control of the AND THE PROPERTY AND ADDRESS OF THE PARTY. DAMES IN DESCRIPTION OF THE STATE OF THE STA the first that the same of the same same and S/C/To Dit, Maintan Cenetery (Melithore

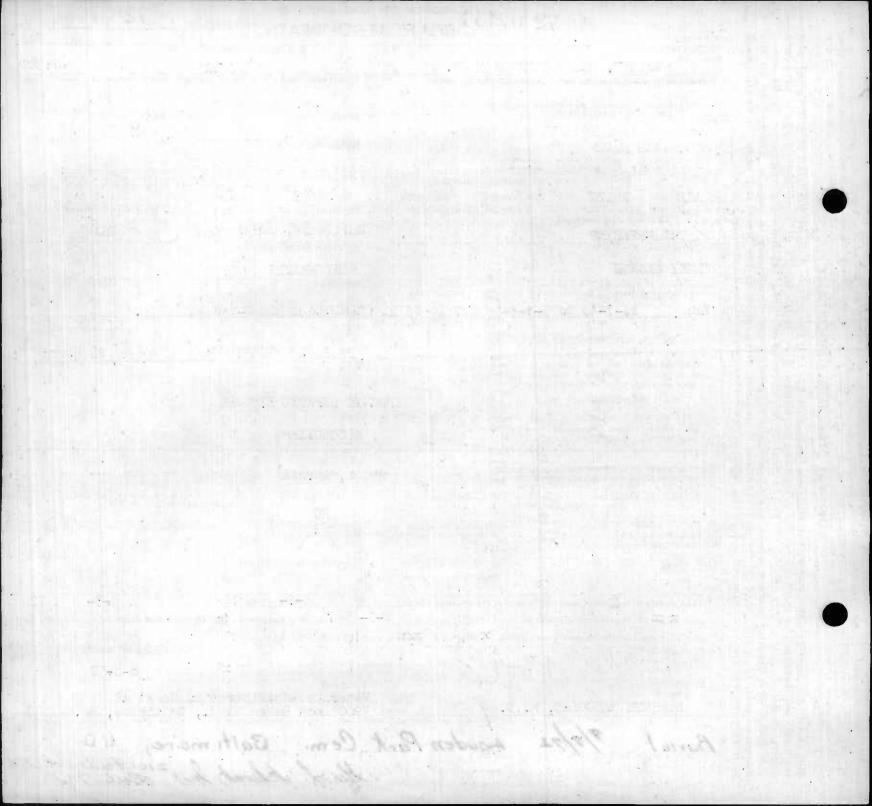
		BALTIMORE CITY	HEALTH DEPART	MENT	כני	07432
DIDTH 410	72 07432	CERTIFICA	JE OF DE	AIH REG. 1	NO	07306
BIRTH NO. 1. NAME OF DECEASED		BIAIL UP	WATTLAND-DI	DATE AND HOUR OF	DEATH	
(Type or Print) #	ALLEN R.	/		0/2/2-		1:00P.
3. PLACE IN BALTIMORE, MA	RYLAND, WHERE PRONOUNCE	CED DEAD	4. USUAL RESIDE	NOE (Where deceased liv	ed. If institution: res	
			A. STATE	B. COUNTY		1717
FULL NAME OF (IF NOT HOSPITAL OR ADDRES	IN HOSPITAL OR INSTITUTIONS OR LOCATION)	ON, GIVE STREET	MD.			1200
INSTITUTION			C. CITY OR TOWN	1	D. INSIDE CITY LIA	
00			E. STREET AND N	I O.	YES	NO [
2231 BADO	KELELD AVI	E.	E. SIREET AND IN	1	13 - 1 -	
			123314	3ROOK tin		
5. SEX 6. RACE	/ MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year	ors If Under Months	1 Yr. If Under 24 H Doys Hours Min.
m BLA	WIDOWED	DIVORCED	1/1/0	1 71		
10A, USUAL OCCUPATION (Giv		ISINESS OR INDUSTRY	11. BIRTHPLACE (S	ote or foreign country)	12. CITIZ	N OF WHAT COUNT
1/2.5	hAun	ימה	VA.		0.	S.A.
13. FATHER'S NAME	72 77 00 77	7	14. MOTHER'S MA	IDEN NAME		
1. 1	1. /		. , 1			
15, Wos Deceosed Ever in U. S	Armod Forces?	· SOCIAL	17. INFORMANT	~		ADDRESS
(Yes, no or unknown) (If yes, give	wor or dotes of service)	SECURITY NO.	/ INFORMANT		1	NO 2 1633
VEC 10.6	v. I a	18-02-2549	VEANE	THE KOACK	1-23311	Shok firl
LIB. 14/0,01		CAUSE OF DEAT	Н		7 1 8	APPROXIMATE INTERVA
DISEASE OR CON		1440 CD	MEDIAL	INFINE	etion "	7-3 40
LEADING 1		(A) IMMEDIATE CAL	JSE		9	9 0111
(This does not mean the		DUE TO, OR AS	A CONSEQUENCE O	{ :		10
injury or camplication wh		4194	SCU	2		5/05
ANTECEDEN	T CAUSES	(0)	24			1/000
DISEASES OR CONDIT	IONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE	OF: A	7	
rise to the above of UNDERLYING CONDITION		CON	Alest	we the	and I	
		(c)				
O OTHER SIGNIFICANT CONE			Ht. : 1)			
TO THE DEATH BUT NOT R	ELATED TO THE TERMINAL	/	and			
U 19A. DATE OF OPERATION	198. CONDITION FOR WHI	CH OPERATION	20 A. AUTOPSY?	(Yes or No) 20B. IF YES,	WERE FINDINGS	CONSIDERED
19 A. DATE OF OPERATION	WAS PERFORMED		N	O IN CERTIFYI	NG CAUSES OF D	EATH?
U 21A. ACCIDENT WAS UN	DERLYING 21 B. PL.	ACE OF INJURY (e.g., i	n or obout 21C. WHE	RE DID (If in	Boltimore City, give	exact location)
OR CONTRIBUTING CAN		farm, foctory, street, of	thee bldg., INJURY	OCCUR?		
O 21 D. TIME (Month) (D	Doy) (Year) (Hour) 21E, IN	JURY OCCURRED	21 F. HOV	DID INJURY OCCUR?		
S OF INJURY	While			DID INJORY OCCUR.		
(APPROX.)	Work	At Work		1 00		
22. I certify that (1) th	is haspital) attended the	deceased fram	27 100	19 6/ta		19
that (1) (we) last saw th	ne deceased alive an	27 70	19/2	and that in my Pa	ur) apinian deatl	accurred an the d
and haur and from the c	auses stated abave.	We) (did) (did nat)	iew the bady after			
23A. SIGNATURE	1 0	1 1	/		23B. DATE	SIGNED
4/	1/2 lutur		nding Med		P2	4-72
22C PAYSICHANGE	a your	DEGREE Phy		ctor L Phys. L	0	(
23C. Physician's NAME (Type)			23D. ADDRESS	Nouth Arra	Datha	Md 2121
Richard F.	Tyson, M.D.,	P.A. DEGREE	936 W.	North Ave.	Balto	Md. 2121
24A. BURIAL CREMATION, 24 REMOVAL (Specify)	B. DATE 24C. NAM	E of CEMETERY of CRE	MATORY	24D. LOCATION	(City, town, or	county) (State
2 0	17/22 111	4. a.l.		Ry 190	MOA.	
25A. DATE REC'D BY HEALTH	PEPT. 25B. MAME OF I	REGISTRAR	25C. FUNERAL	DIRECTOR	1	ADDRESS
AUG4	1972 Drdone	whole	a The	of fine and bla	LONO - 1701	M. Cullan
VS 150-REV 1/1/68	1 4 /		a allad	1 Thomas 140	-/	- CCC - FIRE



?	5	4	1			
ificate must be approved by the chief medical examiner or his assistant it death occurred in a hospital and	the hospital by a medical examiner. Also, if the direct or contributing cause of death) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	(except where the physician who pronounced death was in regular attendance on the	and (6) No physician was in regular attendance on the deceased prior to death. Such		
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LOA	he	n XI	XCe	pup	btai	
a pr	to t	of ar	= E	h);	pe o	
t be	was released to t	ent c	A. at a hospital	prior to death);	approval must be obtained before the remains are embalmed or final disposition is made.	
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are	US L	ח מכ	at a	rior	rove	
TIC	M	A (I	.A.	d p	ddp	

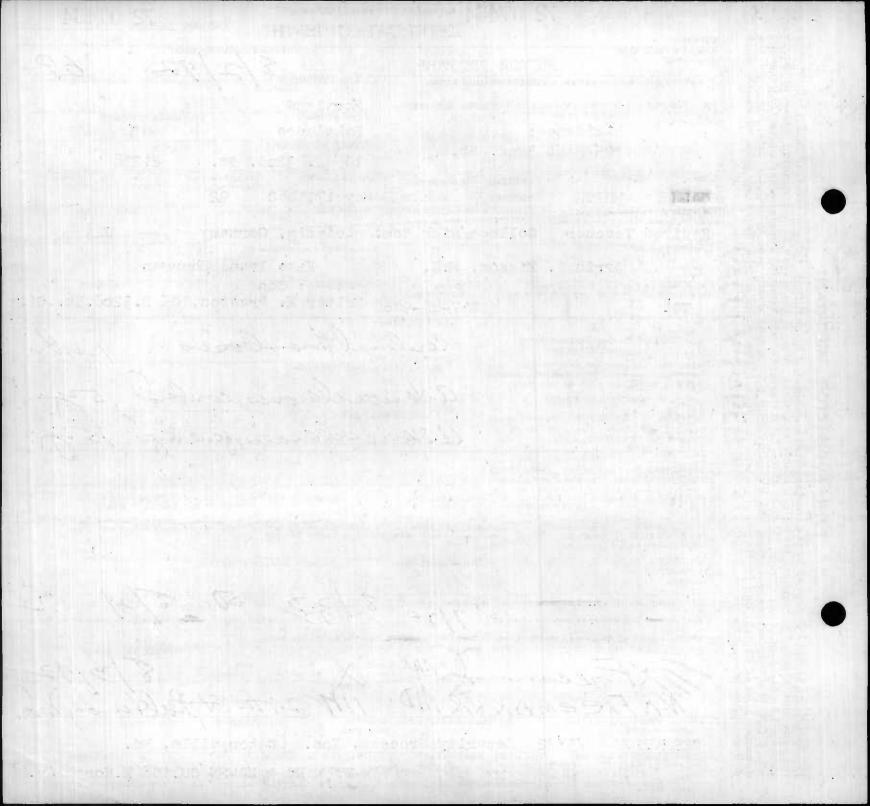
BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH BIRTH NO. STATE OF MARYLAND-DHMH I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 7:30R WAGNER. HENRY FREDERICK JR. 4. USUAL RESIDENCE (Where deceosed lived, if institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY TARYLAND (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION C. CITY OR TOWN D. INSIDE CITY LIMITS ADMINISTRATION HOSPITAL BATATIORE YES K NOF 3900 LOCH RAVEN BLVD E. STREET AND NUMBER 1723 WEST PRATT BALTIMORE. MAR LAND 21218 S. SEX 9. AGE (In years 6. RACE 8. DATE OF BIRTH If Under 1 Yr. Months: Doys If Under 24 Hrs. · MARRIED NEVER MARRIED Hours lost birthdoy) 6/24/09 MALE WIDOWED 63 WHITE DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Baltimore, Maryland USA POSTAL EMPLOYEE 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME HENRY WAGNER MARY MEADES IS. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 12-7-43 to 5-1-44 CONTINICAL RECORDS-VAH BALTO MD 21 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH PROBABLE HEPATIC COMA 24 hours (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF hearl failure, asthenia, etc. It means the diseose, injury ar camplication which caused death.) ANTECEDENT CAUSES CHRONIC HEPATIC DISEASE DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving rise to the obave couse (A) stoting the ALCOHOLISM UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING SHOCK, ANURIA TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? CERTIFI NO 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exoct location) DEATH (notify medical examiner) etc.) 21 D. TIME (Month) (Doy) (Year) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Hour) OF INJURY Not White While At (APPROX.) At Work Work 19 72 22. I certify that (1) (this haspital) attended the deceased fram 8-3- 19 72 that (We) last saw the deceased alive an and that in (a) (aur) aplaign death accurred on the date and haur and from the causes stated above. (We) (did) (All not) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED Attending [Phys. Director L 8-4-72 Phys. 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) Veterans Administration Hospital KENNETH MARGOLIS. M. D. 3900 Loch Raven Blvd Baltimore DEGREE 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY shows: (1 was D.O. deceased 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR

1972 VS 150-REV. 1/1/6B



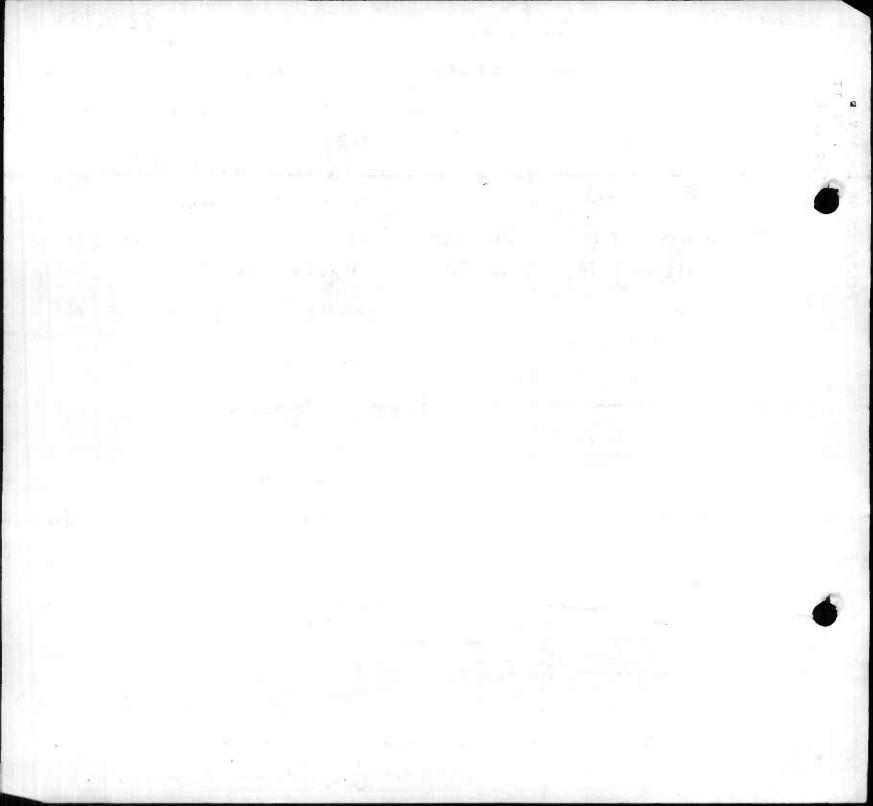
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BIRTI	H NO.				CERTIFICA	ATE OF DEATH	ST	ATE OF M	ARYLAND-DE
	AME OF DECE	ASED	FILE	MORA E	RESTON	2. DATE	AND HOUR OF DEAT	TH -	60
3. PL	LACE IN BALTI	MORE, MARY				4. USUAL RESIDENCE (WI A. STATE B. COL	here deceased lived. If	f institution: resid	ence before odmis
FILL	L NAME OF	(IE NOT I	LATINZOH N	OR INSTITU	THON CLVE STREET	Maryland	JNII		1202
HOS	SPITAL OR				JTION, GIVE STREET	C. CITY OR TOWN	D. 11	NSIDE CITY LIMIT	rs?
	00		dence			Baltimore E. STREET AND NUMBER		YES 🖾	NO 🗌
		105	East	32nd.	St.	105 E. 32nd	d. St.	21218	
5. SE	EX	6. RACE	7.	· MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Months Do	Yr. If Under 24 Hours Mi
FF	EMALE	WHIT		WIDOWED		May 17,1880	92	Totolinis Do	74
	during most of we			OB. KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stole or fo	reign country)	12. CITIZEN	OF WHAT COU
Re	etired	Teach		Colleg	ge/High Sch			Ţ	JSA
13. F	ATHER'S NAM					14. MOTHER'S MAIDEN N			
					, M.D.		Irene Sher		
15. W (Yes,	vos Deceosed (Ever in U. S. (If yes, give v	Armed Force vor or dotes	of service)	SECURITY NO.	17. INFORMANT : SOI			DDRESS
	NO.				217-48-976		reston, 1		PPROXIMATE INTERV
	hearl failure, a injury or comp	NTECEDENT	Il meons It th coused d	he disease, leoth.)	arteri	s a consequence of:	is, carel	30	54
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ATION	heori failure, a injury or comp A DISEASES OF rise to the UNDERLYING OTHER SIGNIFIT TO THE DEATH DISEASE OR CO	asthenia, elc. olicolion which NTECEDENT R CONDITION CONDITION II CANT CONDITION I BUT NOT REL NOTTON GIV	II meons If coused d CAUSES ONS, if an use (A) s I last. IONS CONT	he disease, leoth.) ny, giving sloting the TRIBUTING E TERMINAL I (A).	ONE TO, OR A	S A CONSEQUENCE OF:	is, carel	light,	5 m
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CAL CERTIFICATION	heori failure, a injury or comp A DISEASES OF rise to the UNDERLYING OTHER SIGNIFIT TO THE DEATH DISEASE OR CO	ISTREMENT OF THE PROPERTY OF T	II meons If the coused declared of the coused declared of the couse of	he disease, leath.) ny, giving sloting the TRIBUTING ETERMINAL 1 (A). ITION FOR V RMED	OUE TO, OR A (B) DUE TO, OR A CHARLE OF INJURY (e.g., form, foctory, street,	S A CONSEQUENCE OF:		RE FINDINGS CC CAUSES OF DEA	
MEDICAL CERTIFICATION	heori failure, a injury or comp A DISEASES OF rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19 A. DATE OF CO 21 A. ACCIDEN' OR CONTRIBUT DEATH (notify recommend)	ISTREMENT OF THE PROPERTY OF T	II meons If the coused declared he disease, leath.) ny, giving sloting the TRIBUTING ETERMINAL 1 (A). ITION FOR V RMED (Hour) 21E.	VHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, INJURY OCCURRED le At Not Weller (B)	20A. AUTOPSY? (Yes or office bidg., INJURY OCCUR?	(If in Boltin			
MEDICAL CERTIFICATION	heori failure, a injury or comp A DISEASES OF rise to the UNDERLYING OTHER SIGNIFIT TO THE DEATH DISEASE OR CO 19 A. DATE OF CONTRIBUT DEATH (notify of 19 and 1	Interest of the control of the contr	II meons if the coused deceased deceased deceased deceased deceased deceased decased	ny, giving sloting the TRIBUTING ETERMINAL 1 (A). 1100 FOR VORMED (Hour) 21B. hom etc.) (Hour) 21B. whi	VHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, le At Work and we deceased from	20A. AUTOPSY? (Yes or line of bidg, INJURY OCCUR?	(If in Boltin		xoct locotion)
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MEDICAL CERTIFICATION	heori failure, a injury or comp A DISEASES OF rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO. 19 A. DATE OF CO. 19 A. DATE OF CO. 19 A. DATE OF INJURY (APPROX.) 21 D. TIME OF INJURY (APPROX.) 22 L certify that (1) () I ond hour and 23 A. SIGNATUR NAME UNIVERSELY OF CO. 19 A. SIGNATUR 22 C. PRYSICIAN NAME UNIVERSELY OF CO. 19 A. SIGNATUR	Isthenia, elc., elicotion which which which which which will be a condition of the conditio	II meons litch coused d CAUSES ONS, if an use (A) s I last. IONS CONTINUES ON THE EN IN PART I 1798. CONDI WAS PERFO RELYING THE EN IN PART I 1799. CONDI WAS PERFO RELYING THE EN IN PART I 1799. CONDI WAS PERFO RELYING THE EN IN PART I 1799. CONDI WAS PERFO RELYING THE EN IN PART I 1799. CONDI WAS PERFO A CONDITION OF THE EN IN PART I 1799. CONDITION OF THE ENTITY OF THE ENTITY OF THE ENTITY OF THE ENTITY OF THE ENTITY OF THE ENTITY OF THE ENTITY OF TH	he disease, leoth.) ny, giving sloting The TRIBUTING ETERMINAL I (AI. ITION FOR VORMED (Hour) 21E. Whi Wor ottended the alive an	DUE TO, OR ALL OF TOTAL OF THE PROPERTY OF THE	20A. AUTOPSY? (Yes or line bidg., INJURY OCCUR? 21F. HOW DID IP this line bidg., Med. Director 123D. ADDRESS	(If in Boltin NJURY OCCUR? 19 10 ta that in (my) (contains) Shaff Phys. Style The	ppinyon death of 23B, DATE S	19) accurred on the
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VS 150-REV. 1/1/68

1	72 07435 BALTIMORE CITY HEALTH DEPARTMENT 72 07435
	BIRTH NO. CERTIFICATE OF DEATH REG. NO
2	1. NAME OF DECEASED (Typo or Print) 2. DATE AND HOUR OF DEATH
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where docoosed lived, If institution: residence before odmission)
	A. STATE B. COUNTY
	INSTITUTION ADDRESS OR LOCATION)
- 1	GOOD SAMARTIAN MESPITAL BOWIE YES NO
	E. STREET AND NUMBER 8500 SOLAR AVE
made.	
E	MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. II Under 24 Hrs. Min. WIDOWED DIVORCED 5 6 3 2 WIDOWED DIVORCED DIVORCED WIDOWED WIDOWED DIVORCED DIVORCED WIDOWED WIDOWE
alsposition is	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
	HOUSEWIFE HOME MISSOURI UIS'AI
	13. FATHER'S NAME
	HENRY M. SCHAFF HAZEL KEFFER
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.
	NO SAMUELT, SEGER BOWIE, MD
	DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH
	heart foilure, esthenia, etc. It means the disease
i	injury or complication which coused death.)
	DISEASES OR CONDITIONS, if any, giving (B) RIMARY UXALOSIS DUE TO, OR AS A CONSEQUENCE OF:
	ise to the obove couse (A) stoling the
I	UNDERCTING CONDITION (ast, (C)
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).
	DISEASE OR CONDITION (IVEN IN PART 1 (a). 1994-DATE OF OPERATION 1984 CONDITION FOR WHICH OPERATION 120A AUTOPSYZ (Yes of No.) 208, IF YES, WERE FINDINGS CONSIDERED
	194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 204. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	OB A A CCIDENT WAS UNDERLYING 218 PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (ii in Boltimore City, give exect location)
	DEATH (notify medical examines) etc.)
	21D-TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	(APPROX) While At Not While At Week
	22. I certify that (1) (this haspital) attended the deceased from 7-25 1972 to 8-2 1972
	that (1) (we) last sow the deceased alive on 8-2- 19-72 and that in (my) (ever) opinion death accurred an the date
	ond hour and from the couses stoted above. (I) (Wa) (dld) (dtd not) view the body after death.
	Attending Med. Stoff
	23C. PHYSICIAN'S 23D. ADDRESS
	NAME TYPE TIMOTHY D. CARNES MD GOOD SAMARITAN HEP. BALT, MS
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	Burial Aug 5, 1972 Ft Lincoln Cemetery Colmar Manor Pro Geo Md.
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAM 25C. FUNERAL DIRECTOR ADDRESS
- 11	AUG? 1972 The dwy who were Gasch's Sons Hyattsville, Md.



FUNERAL DIRECTOR: IMPORTANT

rect or contributing cause of death (4) Undetermined cause; (5) Deceased Such Lo ance eat Ö attend 0 prior is made. regular deceased disposition E Was the direct leath 0 final attendance any pronounced 10 Also, baimed of fracture regular the chief medical examiner Ee Who are physician obtained before the remains burns Was medical physician Body the O 2 where to the hospital °N any nature; 9 approved (except pup 99 of hospital death) the body was released must An accident 0 approval 0 prior ţ O.A. deceased written ap shows: (1) o Mas

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. TIFICATE OF DEATH MARYLAND-DHMH BIRTH NO 1. NAME OF DECEASED AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE IN here deceased lived. If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) SON HOSPITAL OR D. INSIDE CITY LIMITS? C. CITY OR TOWN YES NO 220085 E. STREET AND NUMBER 50 9 AGE In years 5. SEX 6. RACE 8. DATE OF BIRTH Il Under 1 Yr. Months! Doys Hours Min. 7. MARRIED X NEVER MARRIED lost birthdoy DIVORCED WIDOWED 10A USUAL OCCUPATION (Give kind of work) 08. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) Sitewant Monguire JAlesman 4. MOTHER'S MAIDEN NAME 13. FATHER'S NAME unhnown 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown! (If yes, give war or dates of service) 7. INFORMANT ADDRE 6 SOCIAL SECURITY NO. CAUSE OF DEATH APPROXIMATE INTERVAL 16. BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, inlury or complication which caused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) staling the UNDERLYING CONDITION lost 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART & (A). 19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A AUTOPSY? (Yes of No 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY le.g., in or about 21C. WHERE DID home, farm, factory, street, affice bldg., INJURY OCCUR? (If In Boltimore City, give exact location) MEDICAL DEATH (notify medical examined 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Haus) 21E INJURY OCCURRED OF INJURY While At Not While [APPROX.] Work At Work 8/4/71 22, I certify that (i) (this hospital) attended the deceased from and that In(my) (our) apinian death occurred on the date that (1) (we) last saw the deceased alive an. and hour and from the causes stated above. (I) (We) (dld) (dld not) view the body after death. 238 DATE SIGNED 23A. SIGNATURE Attending Med. Staff Phys. Phys. 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS CHAIHAN cour DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county! (Stote) headows /ADDRESS 25A. DATE REC'D SY HEALTH DEPT. 25C. FUNERAL MIRECTOR AUG? 1972 VS 150-REV. 1/1/68 2/223

death

etermined cause; (5) Deceased

Cause

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IMPORTANT

FUNERAL DIRECTOR:

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BIRTH	NO.
1. NAA	AE O

S. SEX

F DECEASED LANTZ, WESLEY LLOYD 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

6. RACE

done during most of working life, even if retired)

2. DATE AND HOUR OF DEATH AUGUST 2, 1972 | 10:05A. M 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY

MARYLAND BALTIMORE C. CITY OR TOWN

D. INSIDE CITY LIMITS? NO X

U.S.A.

BALT IMORE E. STREET AND NUMBER

Roux 9. AGE (In years If Under 24 Hrs.

MALE CAUCASIAN WIDOWED 08 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country)

MARRIED NEVER MARRIED

12. CITIZEN OF WHAT COUNTRY?

COMPTOMETER OPERATOR RIALROAD 0 I HO 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME

ST AGNES HOSPITAL

RALPH LANTZ

MATHILDA BRAUER

15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT ST AGNES HOSPITAL RECORDS CATON AND (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. 274 20 6427 YE S WW 2 WILKENS AVES BALTO MD 21229

	18.	CAUSE OF DEATH	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	A cute coronary thrombos	4 days
	(This does not mean the mode of dying, e.g., heart lailure, asthenia, etc. It means the disease, injury or complication which coused death.)	DUE TO, OR AS A CONSEQUENCE OF:	
	ANTECEDENT CAUSES	(n)	
	DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoting the	(8) DUE TO, OR AS A CONSEQUENCE OF:	/
	UNDERLYING CONDITION last.	(c)	
2	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		

CERTIFICAT DISEASE OR CONDITION GIVEN IN PART 1 (A)

(Month) (Doy) (Year)

19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office btdg., INJURY OCCUR? DEATH (notify medical examined

21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?

Not While While At Work

At Work

22. I certify that XI) (this haspital) attended the deceased from JULY 28, 1972 to AUGUST 2. AUGUST 2 19 72 and that in (XX (aur) apinion death accurred an the date that (1) (we) last saw the deceased alive an...

and hour and from the causes stated above. () (We)-(did) XdX(XnX) view the body after death. 23A. SIGNATURE

2			
m.	Attending Phys	Med.	Staff

23D. ADDRESS

ST AGNES

HOSPITAL BALTO MD

(If In Baltimore City, give exact lacation)

23B. DATE SIGNED

08/02/72

			 1 110		
REMATION,	24B.	DATE	24C. NAME	of	C

JOSE APTER MO

25A. DATE REC'D AY H

25C. FUNERAL DIRECTOR

23C PHYSICIAN'S

VS 150-REV. 1/1/68

(2) Body ere to the hospital °Z any nature; <u>₹</u> 9 (except hospital eath) the body was released must 0 approval ato was D.O.A. eceased

MEDICAL

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OF INJURY

(APPROX.)

AUGUST 2, 1972 Evell vilete, Ewil ST SAHE HOSELTAL 1415-101-75 COMET CHETE OPERATION - PLANE OF THE OPERA PROTECT AND INT AM WE STATE SERVICE ATTRICH SENDA TE AUGUST 2, AUGUST 77,57,190 CHOSE AFTER POLICE IN CTUAL HOSPATAL SALES HOSPATAL SALES HISTA

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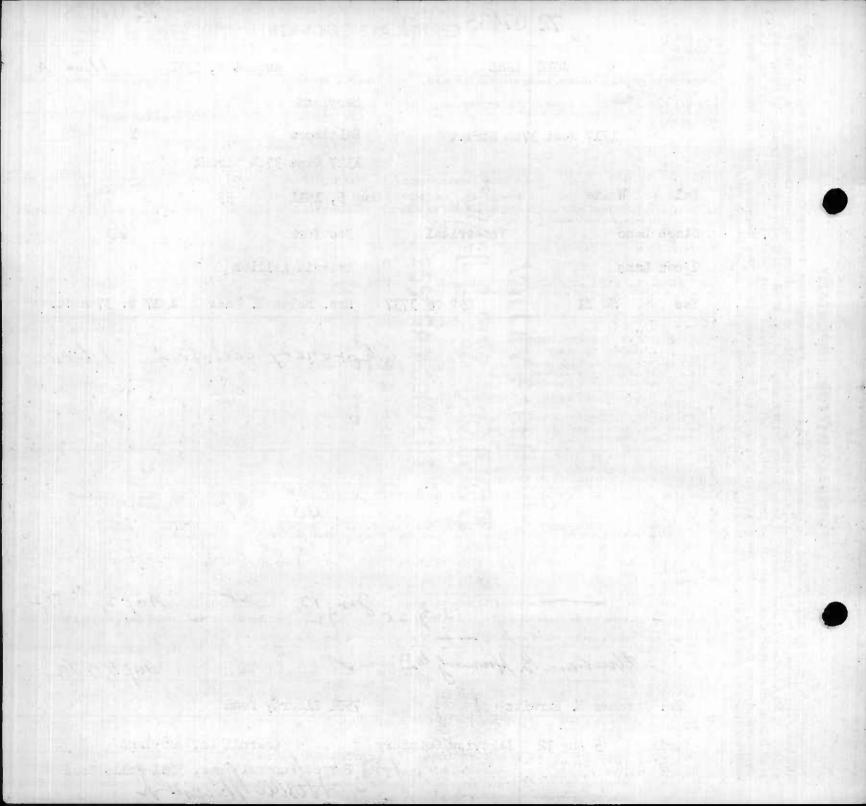
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

0	Om.	1400	BALTIMORE	CITY	HEALTH	DEPAR	TMENT
2	UI	438	CERTIFI	CAT	TF O	F DE	ATH

17

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BIRTH NO.			CERTIFICA	TE OF D	EATH	5	TATE OF	MARYLAND-DHM
1. NAME OF DECE (Type or Print)						ND HOUR OF DEA		
	JOHI			II. Marial pect		gust 2, 197		11:00 A. M
3. PLACE IN BALT	IMORE MARYLAND, W	HERE PRONO	UNCED DEAD	A. STATE	B. COU	NTY	Institution; resi	dence before odmission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITAL ADDRESS OR LOCA		JTION, GIVE STREET	Marylan		ID. II	NSIDE CITY LIM	5 - 8
1) 5	1317 West	37th St	treet	Baltime E. STREET AND			YES X	NO 🗌
00				1317 We	est 37	th Street		
S. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIR		9. AGE (In years	If Under 1	Yr. If Under 24 Hrs.
Male	White	WIDOWED		Aug 5, 1	912	lost birthdoy)	Months: D	oys Hours Min.
			BUSINESS OR INDUSTRY			P 4	12. CITIZEI	N OF WHAT COUNTRY
	rorking life, even if retired)	Mh	ntmi col	Money W.	anala		TTC	3.4
Stage H		1.116	eatrical	New You		A A A E	US)A
Ignaz L				Anton	ia Kal	Lian		
Yes, no or unknown)	Ever in U. S. Armed For (If yes, give wor or dote		1 6. SOCIAL SECURITY, NO.	17. INFORMANT				DDRESS
Yes	WW II		092 05 3737	Mrs.	Helen	B. Lass	1317 W.	37th St.
(This does not heart failure, sinjury or community or community or community or community or community or community or contributions of contri	LEADING TO DEATH of meon the mode of osthenia, etc. It means plication which coused ANTECEDENT CAUSES R CONDITIONS, if above cause (A) is CONDITION lost. II CANT CONDITION S CO BUT NOT RELATED TO TO DNDITION GIVEN IN PAR OPERATION 198. CON WAS PERI IT WAS UNDERLYING TING CAUSE OF medicat examined	the disease, deoth.) any, giving stating the MIRIBUTING HE TERMINAL TO A LITTON FOR MED 21B. hometc.	PLACE OF INJURY (e.g., i e, farm, foctory, street, of	20A. AUTOPS	E OF: SY? (Yes or I	(If in Boltin	RE FINDINGS C	ATH?
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)	Wh	INJURY OCCURRED ite At Not While	e 🗂	OW DID IN	IJURY OCCUR?		
(APPROX)		Wo	rk L At Work			18		
22. I certify	that (1) (this hospital	r) attended to	1 1/	Jan. 1	3,	to	Aug	2, 19/4
that (I) (we)	lost saw the decease	d olive an	July 25	19_2.2	ond 1	hat in (my) (our)	pinton deoth	occurred on the dot
ond hour and	from the causes stat	red abave. (I) (Wa) (did) (did nat) v	few the bady o	fter death			
23A. SIGNATUI		0 01	760				23B, DATE	SIGNED
	abraham	12 Hr	DEGREE Phy		led.	Shaff Phys.	auf.	41972
23C. PHYSICIAI			DEGREE	23D. ADDRESS				1
	braham B. Hu	rwitz		7501 I	ibertv	Road		
	AATION, 248. DATE		AME of CEMETERY of CRI			LOCATION	(City, town, or	county) (State)
Burial	5 Aug 7	2 Lake	eview Cemetery	7	Ca	rroll Co, 1	aryland	
25A. DATE REC'D	AUG 7 1972	25B. NAME C	OF REGISTRAR NEW YO	25C. FUNER. Burge	1-0		6 91 Fal:	ADDRESS Ls Road
VS 150-REV. 1/1/6	T.	17/	AU	J Dyell	GAN	c//ksin	n.	



	7	07/	139 BALTIMORE CITY	HEALTH DEPAR	IMENI	med -		72	07439
DIRTH NO		2.	CERTIFICA	TE OF DE	ATH	REG.		TO OF W	ARYLAND-DHMH
BIRTH NO.	EASED				2. DATE A	ND HOUR OF	STAT	E OF M	TUILLIND-DUMH
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3. PLACE IN BAL	TIMORE MARYLAND, W	100	7		ENCE (Wh	ere deceosed li	ved. If ins	titution: reside	nce before odmission)
				A. STATE	B. COU	Co.			3 145
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INST	ITUTION, GIVE STREET		1.1	1 60.			SOLVE
INSTITUTION	MDDRESS OR BOOK	,,,,,,,		C. CITY OR TOW	N		D. INSID	E CITY LIMITS	-
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10	JOINOIATEM W	arsing	nome	8170 Vi		Road			
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Male	Cau.	WIDOWE	DIVORCED	6/8/08		64		1	
		108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or for	eign country)		12. CITIZEN	OF WHAT COUNTRY?
	working life, even if retired)	0.0	. Co. Shop	South 0	eràli	na			JSA ⁻
Mechar		AH	· ro · and						JUN
13. FATHER'S NA				14. MOTHER'S M					
Samu	uel A Branti	on		FITE	en Bri	inson			
15. Was Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT				AD	DRESS
MD NO	/// yes, give wor or dote		239-26-5787	Mr. Ive	ey L.	Branton	٦,	South	Carolina
18,	0.41		CAUSE OF DEAT	Н					PROXIMATE INTERVAL
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	LEADING TO DEATH		(A) IMMEDIATE CA	USE erdia	ew	near		100	udden
	nal mean the made of asthenia, etc. It means		DUE TO, OR AS	A CONSEQUENCE	OF:				_
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	ANTECEDENT CAUSES		A.). C. V	- h	Jusa	2		
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	e abave cause (A)			0.0	0	1.00.	(>
UNDERLYING	G CONDITION last.		(c)	unce	to "	aecc	PUL,		
_	- II				1 1				h
OTHER SIGNIF	FICANT CONDITIONS CO			D. C.	LA.				
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OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF UNITED TO THE DEAT OF THE D	OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY	(Yes or N	IN CERTIFY	NERE F	SES OF DEA	NSIDERED TH?
U 21A. ACCIDE	NT WAS UNDERLYING	2	B. PLACE OF INJURY (e.g.,	in or obout 21 C. Wh	HERE DID	(If ir	Bollimore	City, give ex	oct locotion)
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Q 21D. TIME	(Month) (Doy) (Year)	(Hour) 21	E. INJURY OCCURRED	21F HO	W DID IN	JURY OCCUR	7		
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(APPROX.)			Vork At Work					1	
22. I certify	that (1) (this haspital) attended	the deceased from	3/3/-	72	19ta	71	14	1974
	last saw the decease		NIX	1072	and •			ian death a	ccurred an the date
							awi, upin	run deutit d	conted dir the date
		ted abave.	(I) (We) (did) (did nat)	view the body af	ter death.	. /		4	
23A. SIGNATU	JKE /	150		andia and an		51-11 -		23B. DATE SI	PIL TI
	MUNL X 1	Odu	Un to DEGREE Phy	ending Me ys. Dir	rector	Staff Phys.		8/	11/12
23 C. PHYSICIA		0	V	23 D. ADDRESS		1.	1	-	(-
NAME (T	JOSE OH	1	- PLUMIN)		11(1	M. (A	LVG	= R /	>1
24A. BURIAL CRE	MATION, 24B. DATE	1240	NAME of CEMETERY OF CR	EMATORY	240	LOCATION	10%	y, town, or co	unty) (Stote)
REMOVAL (Specify)								
Burial	8/7/72		ilen H aven Me			len Bur	nie,	AA CO	Md.
2SA. DATE REC'D	BY HEALTH DEPT.	1 /1 -	OF REGISTRAR	2 C. FUNERA	L DARECTO	R	SI	NGLETO	NETUNERAL
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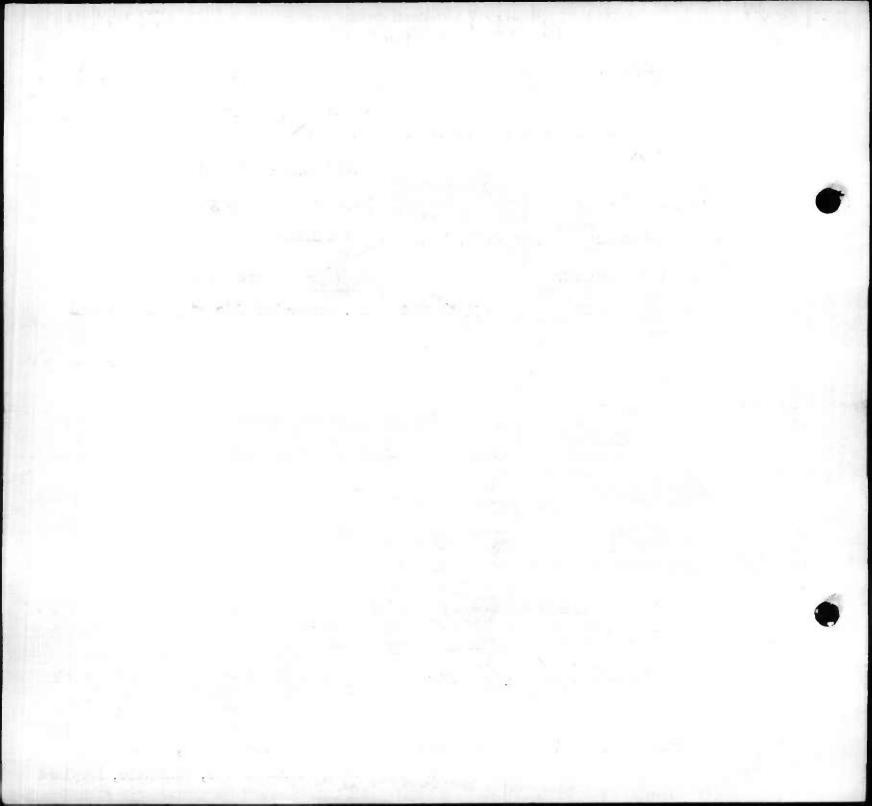
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind: (4) Indetermined cause. (5) people of	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
TNA	ant if direct	ath wo
FUNERAL DIRECTOR: IMPORTANT	is assist if the	ced de ndance or fina
Z	Also re of	atte
OR:	miner niner. fractu	o pro gular emba
RECT	exan (3) A	in res
AL DI	edical dical	ysicia was
NER/	hief ma a me ody b	he ph sician the re
Đ.	the call by (2) B	o phy efore
	ed by	(6) N ned b
è	the h	(exce and obtai
	be all	pital Bath)
	releasiccide	a hos
	ficate was	A at prio
	body ws: (1	D.O.
	Thi:	dec wri

	10)	074	BALTIMORE CITY	HEALTH DEPARTMENT		72 07440
BIRTH NO.	16	. 07	CERTIFICA	TE OF DEATH	REG. NO.	DE AN MARKET AND DINET
(Type of Print)	- /			2. DATE	AND HOUR OF DEAT	TE OF MARYLAND-DHMH
	-RANK MAI			8-	3-72	659 AN
S. FLACE IN BAL	TIMORE MARYLAND, W	HERE PRON	IOUNCED DEAD	A. STATE B. COL	here deceased lived. If UNITY	institution: residence before admission
FULL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INST	TITUTION, GIVE STREET	BALtimore	- Md.	1507
INSTITUTION	he Good S.	AMAG	ZITAN HOSP.	C. CITY OR TOWN		ISIDE CITY LIMITS?
45				BALTIMORS E. STREET AND NUMBER	<u> </u>	YES 🔀 NO
/				3705 Kesu	rick Rd.	
5. SEX	6. RACE	7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr., If Under 24 Hrs. Months! Doys Hours! Min.
MALE OCCI	IPATION (Give kind of work	WIDOWE	DIVORCED OF BUSINESS OR INDUSTRY	7-15-25	1117	
done during most of	Working life, even It refired)				reign country)	12. CITIZEN OF WHAT COUNTRY
Letter Co	ME	U.S. 6	Port Office	Rhode Island 14. MOTHER'S MAIDEN N	****	USA
1				4		
ANTON/	Ever in U. S. Armed Fore all yes, give wor or dote	es?	1 6. SOCIAL	17. INFORMANT	Gazcellone	4000000
Yes	Of yes, give wor or dote.	s of service	037 14 2242		2705	Address Keswick Road
18. /	WH XX		CAUSE OF DEATI		ar serra 5705	APPROXIMATE INTERVAL
DISEAS	E OR CONDITION DIR	ECTLY				RETURENT ONICET AND DEADLE
12 1	LEADING TO DEATH		(A)IMMEDIATE CAU	ona of lun	y with me	fastas 11 months
heart locure.	of meon the mode of asthenia, etc. It means	the diseas	DUE TO, OR AS	A CONSEQUENCE OF:	1446 446 446 454 455 555 555 555 555 555	
11 1	plication which caused	death.)				
	R CONDITIONS, if	เทษ สมันวัก	(B)	A CONSEQUENCE OF:		
rise to the	above cause (A) CONDITION lost	stoling th				
O. C.	11		(c)	***************************************		
O THER SIGNIF	ICANT CONDITIONS CON	TRIBUTING	•			
DISEASE OR CO	ONDITION GIVEN IN PART	1 (A).				
OTHER SIGNIF TO THE DEATI DISEASE OR CO 19A-DATE OF	OPERATION 198 CONE WAS PERF	ORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes of	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDEN	TING CAUSE OF	21	B. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If In Boltime	ore City, give exact location!
DEATH (notify	medical examined	ho	ome, lorm, loctory, street, off	ice bldg. INJURY OCCUR?	<i>y y</i>	no dity give exact tocollon,
OF INJURY	(Month) (Doy) (Year)	(Houd) 21	E INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?	
(APPROX.)			/hile At Not While			
22. I certify	that (1) (this hospital)			7/18	19 72 ta	1972
	last saw the decease			19 7 7 and t		inion death occurred an the date
and hour and	from the causes state	d above.	(I) (We) (did) (did not) vi	ew the bady after death.		The dotter of the dotter
23A. SIGNATUI	RE AAA	1	11			23B. DATE SIGNED
23 C. PHYSICIAI	hand It (Ve	vely	DEGREE Phys.		Shaff Phys.	8/3/72
NAME (Ty	pe)		2	3D. ADDRESS		
24Å, BURIAL CREA	AATION 248 DATE	1040	DEGREE			
	AATION, 248, DATE pecify)		NAME OF CEMETERY OF CREA			ity, lown, or county) (Stote)
Burila 25A. DATE REC'D			ulaney Valley C			Barto Co Md
11	AUG7 1972	. /1 .	wey lashorto	25C. FUNERAL DIRECTO	ral Home, Ba	altimore, Maryland
VS 150-REV. 1/1/6		3-1	" Alter And May	19 - 1 U	<u> </u>	



72 07441 BALTIMORE CITY HEALTH DEPARTMENT

72 07441

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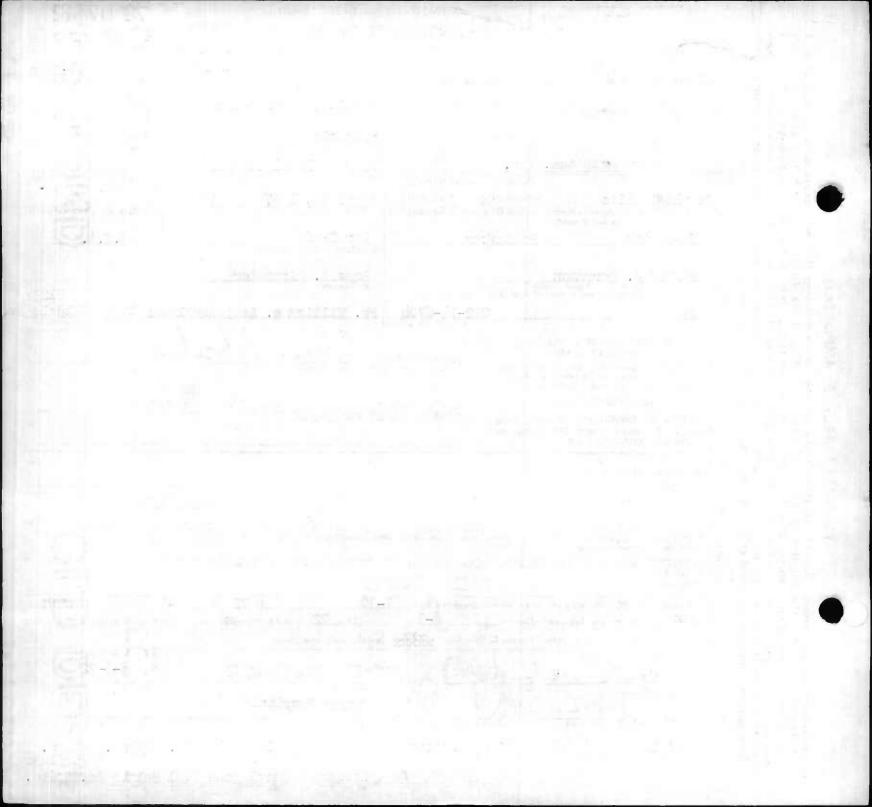
BIRTH NO.		MED	ICAL	. EX	AMINER'S C	MARYLAN	D-DE		DEAT	H REG. N	0			
1. NAME OF I	DECEASED PATRIC	CK FR	ANCIS	5 0	NEILL	2. DATE OF DEATH	Known	ted [Month	Doy	Ye	eor	Hour	М.
4. PLACE IN	BALTIMORE, MA	RYLAND, V	HERE PI	RONO	UNCED DEAD	3. DATE			Manth	Day	Y	еог	Hour '	
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRES	TIN HOSPITA SS OR LOCA		OITUTIT	N, GIVE STREET	5. USUAL RES				t 1, 1		ence be	11:2	AT.
	NION MEMO	ORIAL :				A. STATE		yland	i	B. COUNT	1	12	01	0
6. SEX	7. RACE		B. MARE	RIED 🔀	NEVER MARRIED	C. CITY OR T				D. INSIDE	CITY LIM	ITS?		
Male	White		WIDOV			Baltimo					YES 🔀	N	o 🗆	
March 1		10. AGE (last birthda		If Und Manth	der 1 Yr. If Under 24 Hrs. s Doys Haurs Min.	E. STREET AND 112 W.			reet					
11. BIRTHPLAC	CE (State or foreig	n country)			TIZEN OF	13. FATHER'S	NAME							
Mary	land				HAT COUNTRY? USA	Patrio	ck 01	Neil	_					
4A.USUAL OC	CUPATION (Give	kind of work	148. KIND		USINESS OR INDUSTRY	15. MOTHER	S MAID	EN NAM	E					
Sales		en irrenred)	Lia	uor	S	Eller	Moo	re						
16. WAS DECE	ASED EVER IN	U.S. ARMED	FORCE	5?	17. SOCIAL	18. INFORM	ANT				ADDRES	S		
NO NO	own) (If yes, give w	ar or dates	or service	"	213 01 1343	Leona	а Н,	O' Nei	11 1	12 W.	27th	Str	eet	
19.	10.4.	S/	171	5.1	CAUSE OF DEA	тн							OXIMATE IN	
DISE	EASE OR CONDI		CTLY			scleroti	ic ca	rdiov	ascul/	ar dis	ease	BETWEE	IN ONSET A	NO DEATH
(This doe	es nat mean the	made of dy	ing, e.g.,		(A)IMMEDIATE C	AS A CONSEQU	ENCE OF	F:				·		
heart fail	llure, asthenia, etc. r complication whic	. It meons the th caused de	disease, ath.)											
100														
DISEASI	ES OR CONDITION		GIVING		(B)	AS A CONSEQ	UENCE C	OF:				 		
RISE TO	THE ABOVE CALLYING CONDITI	USE (A) STA										1.1		
Z	tille condili	OIN LAST.			(c)							-		
O TO THE	SIGNIFICANT CON DEATH BUT NOT E OR CONDITION	RELATED TO	THE TERM	AINAL	Carcino	ma of Ja	aw	Sul!						
20 A. DATE					VHICH OPERATION W	AS PERFORME	D				21. 4	AUTOP!	SY? (Yes o	ar No)
<u> </u>						TENT ONNI						10		,
UNDERLY	TERNAL CAUSE ING OR CONT	TRIB-		228. Pl home,	ACE OF INJURY(e.g., farm, factory, street, offic	in ar about 22 e bldg., etc.) IN	C. WHER	RE DID (I	f in Boltimor	e City, give	exact local	rion)		
22D. TIMI OF INJURY (APPROX.)	E (Manth) (D	ay) (Yea	r) (Hau	W		WHILE	F. HOW	DID INJ	URY OCCI	JR?				
23.				m. W	W TA NC	ORK L			_					
	certify that I he	eld an 1	nquiry [Inspection X Au	tapsy 🗌	and th	at on th	is basis,	death in r	ny apini	on		
re	sulted fram: N	atural cau	ses X		cident Suicio	le Han	nicide [7 (Indetermin	ned manne	· [
	7		7						KAMINER	X				
ACTU	UAL /	hed	11	11/		ASSIS.		EDICAL EX				D	ATE SIGI	NED
	NATURE DO	and N	Var	12	M.D						0	10.17	0	
	MINER'S ROI NE (Type)	naid N	. Koi	.UDT	um,M.D.	ASSOC	JAIE ME	EDICAL E	CAMINER		8,	/2/7	2	
24A. BURIAL C	CREMATION, 2	4B. DATE			. NAME of CEMETERY				OCATION		own, ar co		(Sto	ote)
Buri		5 Aug			lew Cathedral	Cemete	ry			re, Ma	_			
25A. DATE REG	C'D BY HEALTH I				OF REGISTRAR		-	PIRECTO	_		ADDRES		D	
	AUG7	1972	614	100	vey whon	Bur	ged	uner	ar Hou	36	31 Fa	S	Road	
VS 151-REV. 1/	1/68		7		4 4	By:	1	Mul	1.11	2011	11.	1	,	

ME TO THE REPORT OF THE Company of the second District AMENGLE SEE Hitel Wincens THE STATE OF THE PARTY curry block to make the so established the state of the The state of the s

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

20 0	BALTIMORE CIT	TY HEALTH DEPARTMENT		72 07442
72 0	7442 CERTIFICA	ATE OF DEATH	REG. NO.	ATE OF MARYLAND-DHMH
BIRTH NO.			ND HOUR OF DEAT	
(Type or Print) Adela Ackerman		2.50.12		AM
3. PLACE IN BALTIMORE MARYLAND, WHERE PE	ONOUNCED DEAD	4. USUAL RESIDENCE IWH	8-3-72 ere deceased lived, if	institution; residence before admission)
				177
FULL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	47	timore	5 500
INSTITUTION		C, CITY OR TOWN	D. II	NSIDE CITY LIMITS?
27		Rosedale		YES NO X
Mercy Hospital, Inc	.1		1	
		8309 Philadely	9. AGE (In years	If Under 1 Yt. If Under 24 Hrs.
man	RIED NEVER MARRIED DIVORCED	April 27, 189	lost birthday	Months Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIN	D OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (State of for	reign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if refired)		Marriand		IT C A
Housewife Hom	lemaker	Mary land	AME	U.S.A.
Edward J. Herrmann	11/ 10/11/1	Emma A. Niama	aster	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of serv	security No.	17. INFORMANT		ADDRESS 21237
No	212-74-8704	Mr. William e.	Lautensch	lager 1242 Hilldale A
18. 1. 1. 0 . 4 1	CAUSE OF DEA		.//	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY			10	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CA	AUSE VOlona.	y JUVON	2017
(This does not mean the mode of dylng, heart failure, gethenia, etc. It means the dis	CO DIETO OP A	S A CONSEQUENCE OF:	/)
injury or complication which caused death.)	10	(1)	1.1 /	
ANTECEDENT CAUSES	Arter	10scleration as	di alascula	in disease.
DISEASES OR CONDITIONS, If any, g	iving DUE TO, OR	AS A CONSEQUENCE OF:		
rise to the above cause (A) stating				
UNDERLYING CONDITION last	(c)			
- 11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING NAL			
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 1		20A-AUTOPSY2 (Yes or h	IAN 208 IS VEC WE	DE EINDINGS CONSIDERED
WAS PERFORMED			IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
U 21A. ACCIDENT WAS IINDERLYING	21 B. PLACE OF INTURY (e.c.	in or about 21 C. WHERE DID	/II to Baltin	mare City, give exact location)
OR CONTERUTING CAUSE OF	home, form, factory, street,	office bidg. INJURY OCCUR?	he in point	ndre Chy, give exact toconon,
DEATH (notify medical examined 21D.TIME (Month) (Day) (Year) (House OF INJURY				
OF INJURY (Month) (Day) (Year) (Haus)	21E INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?	
(APPROX)	While At Not Will Not Work	hile 🔲		
22. I certify that (X) (this hospital) attend	ded the deceased from	7-30	19 72 to	8-3 19.72
	0 0			apinian death occurred on the date
that (1) (we) last saw the deceased allve				ipinian death occurred on the date
and hour and from the causes stated abo	ve. (A) (We) (did) (共義分析)	view the body after death	•	
23A. SIGNATURE	() 111h	. 12		23B, DATE SIGNED
TOK CARLE		ttending Med. hys. Director	Staff Phys.	8-3-72
23C-PHYSICIAN'S NAME Type	1 0.0	23D. ADDRESS		
John F. Jo	the Inn	Mercy Hospit	al	
24A. BURIAL CREMATION, 124B. DATE 12	4C, NAME OF CEMETERY OF C	EE		(City, town, or county) (Stote)
REMOVAL (Specify)	The second secon	2151		and the state of t
Burial 8/7/72	Zion Cemetery		lden Ring R	d. Balto. Md.
	AME OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS 21236
AUG7 1972	carry horosto	Lassahn"Fune:	ral Home 74	Ol Belair Rd. Balto.
V\$ 150-REV. 1/1/68	//	7		

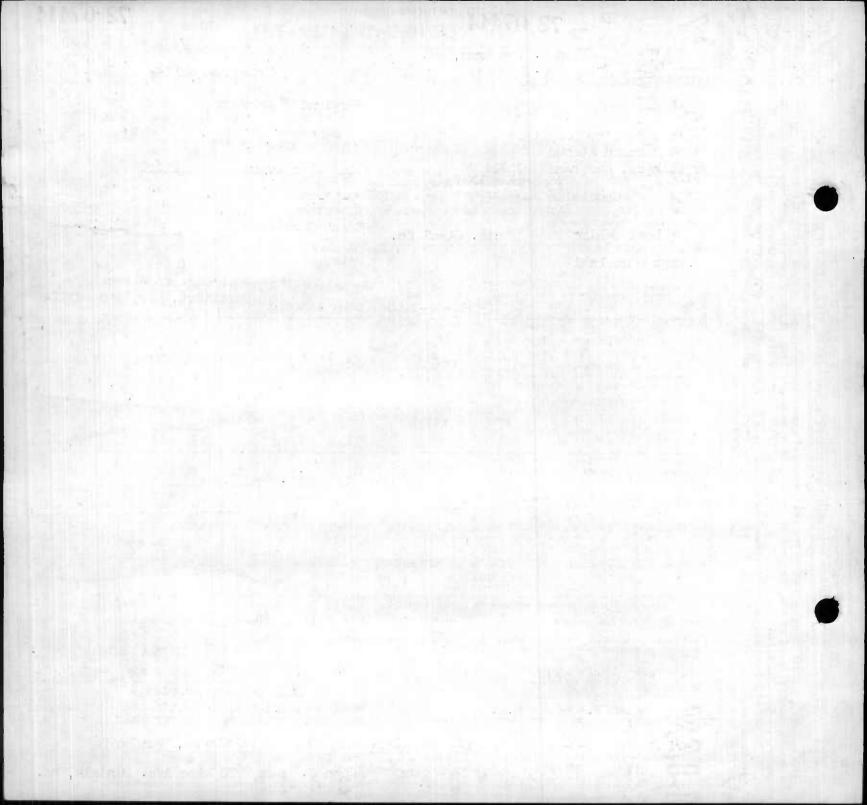


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72 0744	BALTIMORE CITY	HEALTH DEPARTMEN	NT	10 OF	14.40
BIRTH NO. 72-12213	. —,	TE OF DEAT	TH REG. NO		
1. NAME OF DECEASED Q L D	O V	2. DA	TE AND HOUR OF DE	STATE OF MARYL	AND-DHMH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PROHOU	COON	A USUAL RESIDENCE	1-29-	L Il institution: residence b	/ Am.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)		IIA. SIAIE B.	County Baltimore	L IT INSTITUTION; residence by	Of
INSTITUTION ADDRESS OF ECCHION		c. CITY OR TOWN Baltimor		NESTA NO	
37 m-0011 11	/	E. STREET AND NUM	1000	YES A NO	1/36
5. SEK 6. RACE 7. MARDINED TO	OSPITAL	923 S. Linw		(0,000) 2	600
MALE WHITE WIDOWED	DIVORCED	8. DATE OF BIRTH -25-7	9. AGE (In years last birthdoy)	Months Days He	Under 24 Hrs. ours Min.
10A. USUAL OCCUPATION (Give kind of work 10E, KIND OF done during mast of working life, even if retired)	BUSINESS OR INDUSTRY			12. CITIZEN OF W	HAT COUNTRY?
13. FATHER'S NAME		Baltimore,			
Paul B .McDonald		Linda A.			
15. Was Deceased Ever in U. S. Armed Forces? (Yes, na ar unknown) (If yes, give war or dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
no no	none		mald 923 S.I	Linwood, Ave.	
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	1	1		NATE INTERVAL
LEADING TO DEATH	(A)IMMEDIATE CAU	es Suh A	rachnoid		
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,		A CONSEQUENCE OF:	Hemorrh	2000	
injury or camplication which caused death.)			7,0770777	7.90.	
DISEASES OR CONDITIONS, if any, giving	(B)	A CONSEQUENCE OF:	}		***********
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(c)	A GORDEQUEROE OF			٨
z II					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	Management				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A. DATE OF OPERATION 19B. CONDITION FOR WI WAS PERFORMED 121B. P	HICH OFERATION	20A. AUTOPSYT (Yes	or Na) 20B, IF YES, W	VERE FINDINGS CONSIDER	RED
U 21A ACCIDENT WAS HINDERLYING 1	LACE OF INJURY (e.g., in	les les			
OR CONTRIBUTING CAUSE OF home, etc.)	farm, foctory, street, aff	ice bidg. BURY OCC	DID (If If Boi	ltimare City, give exoct loca	tion)
21D-TIME (Manth) (Day) (Year) (Hour) 21E, I	NJURY OCCURRED		D INJURY OCCUR?		
(APPROX.) Wark	At Work				
22. I certify that (V) (this hospital) attended the	deceased from	7-25	19 7210	7-29	1972
that (1) (we) last saw the deceased alive an				apinion deoth accurre	d on the dote
and haur and fram the causes stated above.	(me) (did) (did) (hip) vi	iew the bady after de	ath.	238, DATE SIGNED	
This and Macaras	LSD/ DL	nding Med.	Staff Phys.	7/3:/72	
23C. PHYSICIAN'S NAME (Type)	DEOREE	3D. ADDRESS	rnys. —	7. 7.	•
SMMANUEL N. MACARADE	DEGREE	MERCY H	OSPITAL		
24A. BURIAL CREMATION, 24B. DATE 24C. NAM REMOVAL (Specify)	AE OF CEMETERY OF CRE		4D. LOCATION	(City, town, or county)	(State)
	mont Cemetery		Cumberhand M	d. Garrett Co.	
AUG 7 1972 258. WAME OF AUG 7	REGISTRAR WAS	25C. FUNERAL DIRE	CTOR	Balto. Md.	
VS 150-REV. 1/1/6B	12 th	3 4 3	C CLIC PILLORDON	POOP TITITIMOOU	HVE

Hospital Called address 6212 Copore Way HB.

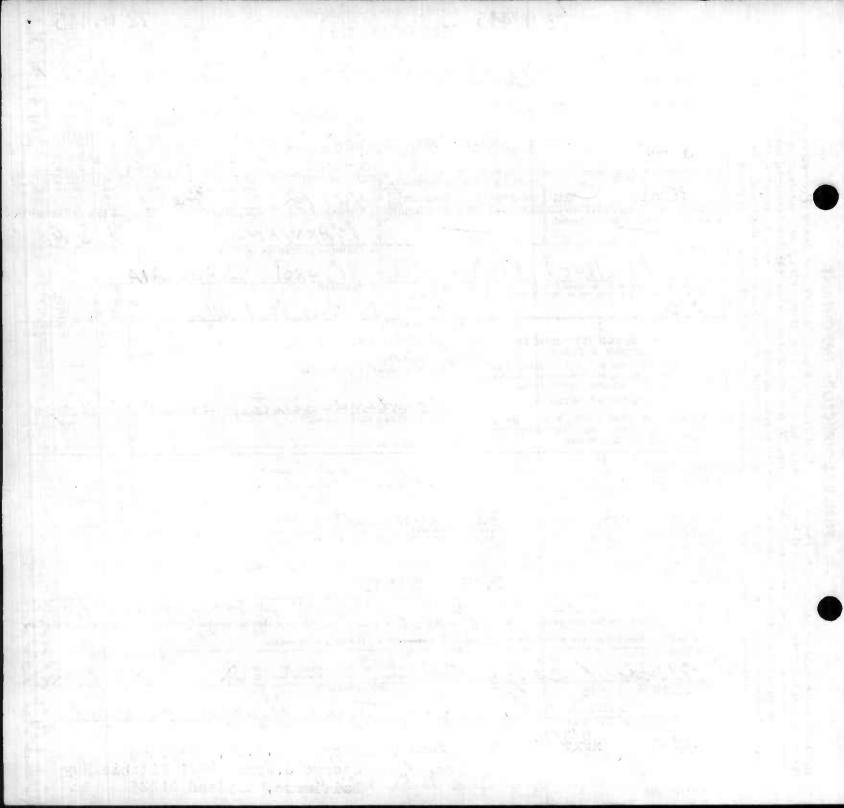
1451	BALTIMORE CIT	Y HEALTH DEPARTMENT 72 07444
55-68 djr	72 07444 CERTIFICA	TE OF DEATH REG. NO.
and ath the the	1. NAME OF DECEASED Allen B. Coneland Sm	2. DATE AND HOUR OF DEATH
of deat of deat Decease e on th ath. Suc	ALLEN COPPLAND	AUGUST 1972 3: 25 A M. [4. USUAL RESIDENCE (Where deceased lived, It institution: residence before admission)
0	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
se (5) and de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION GIVE STREET ADDRESS OR LOCATION)	Maryland Baltimore
_ 5 · 6 ·	Baltimore City Hospitals	Edgemere D. INSIDE CITY LIMITS? YES NO X
ng ca cause atten ior to	4940 Eastern Avenue	E. STREET AND NUMBER
0	Baltimore, Maryland 21224	7102 Ella Xv enue 21219
	S. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 YI. If Under 24 Hrs. Manths: Days Hours Min.
occur ontrib ermin regul	Male Caucasian WIDOWED DIVORCED	9-20-93 78
dete dete in ion	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Retired Welder Beth. Steel Co.	North Carolina U.S.A.
5 5	13. FATHER'S NAME George Copeland	14. MOTHER'S MAIDEN NAME Daisy
ath ath	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. 50CIAL 5ECURITY NO.	17. INFORMANT 4940 Eastern Avenue RE55
the the de de nce	No 213-09-3465A	BCH: RECORDS Baltimore, Maryland 21224
14 70 D .	1B. CAUSE OF DEAT	TH APPROXIMATE INTERVAL
G = = = 0	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	24.2. 2
Ta 5 e E	(This does not mean the made of dying, e.g., (A) IMMEDIATE CA DUE TO, OR AS	USE CARDIO - PLILM UNITRY APPOST 5 days
er. ctur pro	heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	
fra fra em	ANTECEDENT CAUSES	Arachive of Hemorrhage (CVA)
×an ×an × h × h	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	S A CONSEQUENCE OF:
Te S. Er z	UNDERLYING CONDITION last. (C)	
edical dical rrns; rsicio was mair	z 11	
bed by	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART 1 (A).	SANLE HYPERTENSION
chief ram Body the p		20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
~		Yes
	OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examiner)	in a obaut 21 C. WHERE DID (If in Baltimare City, give exact location) INJURY OCCUR?
by the price when when he had be	21D. TIME (Manth) (Doy) (Year) (Haut) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
hosp natu ept d (6) aine	OF INJURY (APPROX.) While At Not Whi Work At Work	le 🔲
o a x x c to	22. I certify that (1) (this haspital) attended the deceased from	
0.00		19.72 and that in (my) (aur) apinian death accurred on the date
00-	and have and fram the causes stated above. (1) (We) (did) (did nat)	view the bady after death.
ust be eased dent ospit deat	23A. SIGNATURE	238. DATE SIGNED
	rela 13. De Chas, M.D. DEGREE Phy	
y was rely y was rely 1) An acci).A. at a h d prior tò approval	23C.PHYSICIAN'S NAME (Type)	23D. ADDRES Baltimore City Hospitals
W. A. A. Pr	Peter B. DeOreo M.D. DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR	
E DOO E	REMOVAL (Specify)	Deltimon Warra
This cert the body shows: () was D.O deceased	Burial 8-4-72 Moreland Memoria	Park Baltimore, Maryland 25C. FUNERAL DIRECTOR ADDRESS
This the bashow was dece	AUG7 1972 Didgey Inhorts	John J. Duda 7922 Wise Ave. Dundalk, Md.
	VS 150-REV. 1/1/6B	0"3 4 4 0



FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

M-254 72 07445 BALTIMORE CITY	Y HEALTH DEPARTMENT 72 07445 V
BIRTH NO. 72 - 03545 CERTIFICA	TE OF DEATH STATE OF MARYLAND-DHMH
1. NAME OF DECEASED M. A. A. L. 2. DATE AND HOUR OF DEATH	
3. PLACE IN BALTIMORE MARYLAND, WHERE, ROMOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOGATION)	A. STATE B. COUNTY BALTIMORE 2544 C. CITY ORTOWN D. INSIDE CITY LIMITS?
Johns Hopkins Hospital	Baltmore YES NO
3 3	3806 St. Victor St, #25
5. SEX 6. RACE au 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Il Under 24 Hrs. Months: Doys Hours Min. 20
IOA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY
	MARYLAND U.S.A.
Michael McNAlly	(ARO) TADEVANA
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown! (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
NO	Michael McNAIN ABOUTE
DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH	BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) MMEDIATE CALL (A) MMEDIATE CALL	JSE 24
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	A CONSEQUENCE OF
ANTECEDENT CAUSES	learespirators anest I days
DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stating the	A CONSEQUENCE OF:
UNDERLYING CONDITION last. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	roblastona 4 mas.
	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
WAS PERFORMED 1/25 72 WAS PERFORMED	Cotome 100
I DE CONTRESTINGI CALLEROS Ibama form fortous about of	fice bldg. INJURY OCCUR?
DEATH (notify medical examined) 21D-TIME (Manih) (Dayl (Yearl (Haur) 21E INJURY OCCURRED While As an analysis of the property	21F. HOW DID INJURY OCCUR?
Wark At Wark	° 🗆
22. I certify that (1) (this hospital) attended the deceased fram	July 24, 19 72 10 august 1, 19 72
that (i) (we) last saw the deceased alive an Managery 1	19 72 and that in (my) (our) opinion death accurred on the date
and haur and from the causes stated above. (1) (Ne) (did (did not) v	Tew the bady after death.
DEGREE Phys	nding Med. Stoff Phys.
NAME (Typel	23D. ADDRESS
Michael Borzy, M.D. DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CRE	Johns Hopkins Hospital
REMOVAL (Specify) 8/3/72	
BULLAL HOLY Cross Ce	25C. FUNERAL DIRECTOR ADDRESS
HAR TAIL STORM	George J.Gonce 4001. Ritchie Hwy
V\$ 150-REV. 1/1/68	Baltimore, Waryland 21225



M-260

MO 07446 BALTIMORE CITY HEALTH DEPARTMENT

12 UTAG BALTIMO			מגגעים פיי
MEDICAL EXAMIN	VER'S CEI	RTIFICATE OF DEATH REG. NO.	72 07446
1. NAME OF DECEASED		DATE Known Month Doy	Year Hour
(Type or Print) SADIE MC CRAY		OF Estimoted	м.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED D		DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE ST HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	L	PRONOUNCED DEAD 7 29 USUAL RESIDENCE (Where deceased lived. If institution:	1972 12:15p
Lutheran Hospital		STATE Md. B. COUNTY	1501
6. SEX 7. RACE 8. MARRIED NEVER 1 female negro WIDOWED DI	VORCED C.	CITY OR TOWN Balto.	X
o wibowith bi		STREET AND NUMBER	s 🗀 NO 🗀
MAY 16, 1931 lost birthdoy) 41 Months Doys	Hours Min.	1525 Pressman St.	
11. BIRTHPLACE (Stote or foreign country) ALAGAMA 12. CITIZEN OF WHAT COU		FATHER'S NAME	
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS	OR INDUSTRY 15.	MOTHER'S MAIDEN NAME	~
done during most of working life, even if retired)		Enelie Stoke (Stone	_)
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIA (Yes, no or unknown) (II yes, give wor or dotes of service) SECUR	AL 18.	INFORMANT 1 102-54 AD	DORESS
(103, 100 to million my 103, give wor of doles of service)	/	cie me Taylor 188th St	
	USE OF DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Guns	shot wound	d of head	
LEADING TO DEATH	IMMEDIATE CAUS		
(This does not mean the mode of dying, e.g., heart foilure, osthenio, eic. It means the disease,	DUE TO, OR AS A	CONSEQUENCE OF:	
injury or complication which coused death.)			
ANTECEDENT CAUSES (8)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	DUE TO, OR AS A	CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.)		
2			
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OP		***************************************	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OP	ERATION WAS P	PERFORMED	21. AUTOPSY? (Yes or No)
			yes
22A. EXTERNAL CAUSE WAS UNDERLYING SOR CONTRIB. UTING CAUSE OF DEATH. 22B. PLACE OF home, farm, factor home.	INJURY(e.g., in o ry, sireet, office bld DMC	r obout 22C. WHERE DID (II in Boltimore City, give exocute, etc.) INJURY OCCUR?	ci locotion)
22D. TIME (Month) (Doy) (Year) (Hour) 22E. INJURY		22F. HOWDID INJURY OCCUR?	
OF INJURY (APPROX.) 7-29-72 8:53a m WHILE AT 23.	NOT WHI	Shot by husband.	
l certify that I held an Inquiry Inspection	on Autops	and that an this basis, death in my	aplnian
resulted from: Natural causes Accident	7		7
resulted from. Notorol couses [] Accident] Solcide [CHIEF MEDICAL EXAMINER	
ACTUAL DAS SELLE		ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE PROMISE	M.D.		
NAME (Type) Marvin S. Platt, M.	.D.	ASSOCIATE MEDICAL EXAMINER	7-30-72
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) A. G. (L. (C. 12)	CEMETERY or	CREMATORY 24D. LOCATION (City, town)	, or county) (Stole)
transit-Burial Aug-4,1972 mt. Ca	LUBRY BA	otist Church ALEXANDER Cot,	Alabama,
25A. DATE REC'D BY HEALTH DEPT. 25B. MAME OF REGIS	TRAR		DDRESS
AUG7 1972 Sidney	Nhorton	Marhally mes 9 /13	5 Hayford he
VS 151-REV. 1/1/68	eaged (314 4 27 /	*

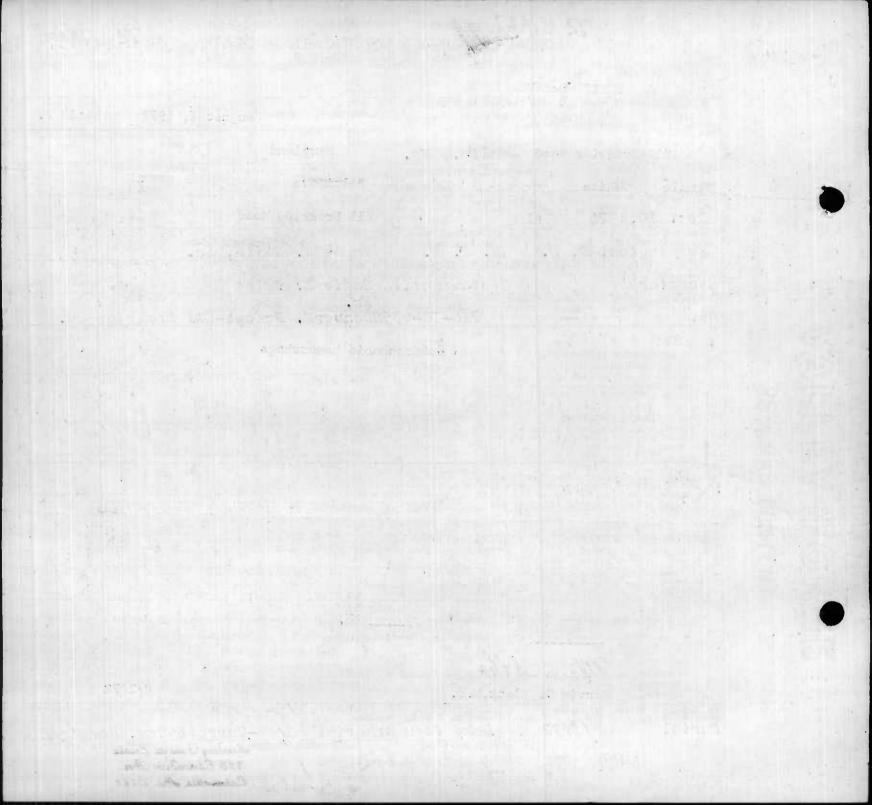
72 07.15 of the following Sille Stork (Shir) less one Light Proper Tolle 10 Same Re 1 transt Burnst And Aprile het Chiney Suppliched Alexander Cofy Andrews. Shirtenay Englishing

M-200

72 07447 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

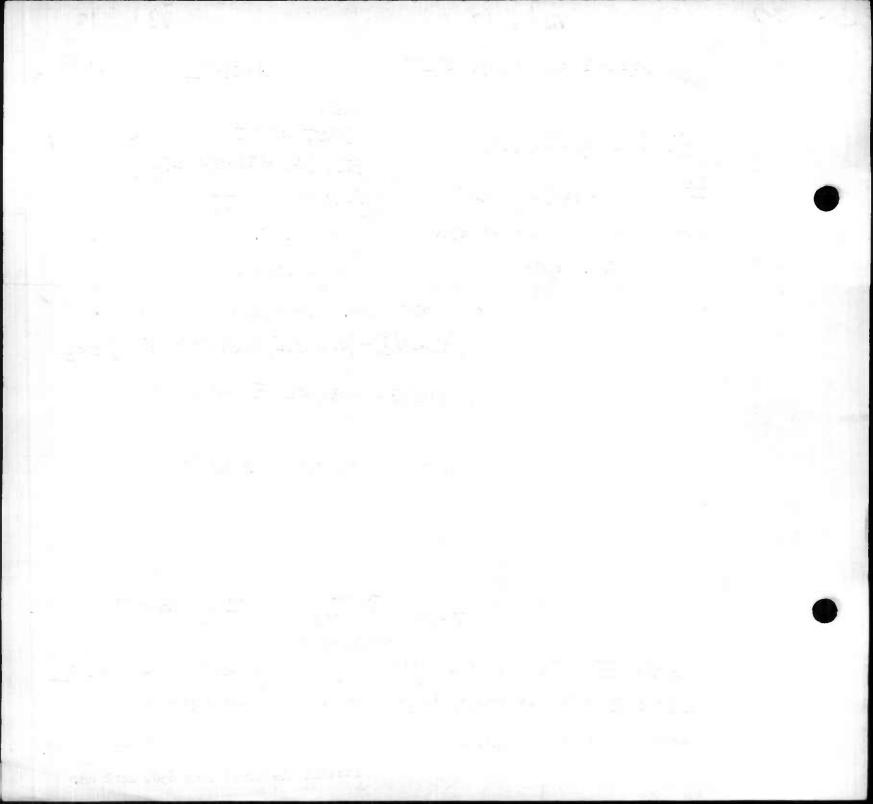
72 07447

BIR	TH NO.		MILD	ICAL	. LA	JETYTE DE	ARYLA	HWHD=DHWH	Oi	DLAII	REG.	NO			
1. 1	NAME OF DEC	EASED	T/				2. DATE	Known		Month	Doy	,	Yeor	Hour	
(Typ	e or Print)	DORI	S McK	AYE			OF DEATH	Estimote	ed 🗖						м.
4.	PLACE IN BAL	TIMORE, MAI	RYLAND, W	HERE PI	RONOL	JNCED DEAD	3. DATE			Month	Doy		Yeor	Hour '	
	L NAME OF	(IF NOT	IN HOSPITA	L OR INS	TITUTIO	N, GIVE STREET	PRON	IOUNCED DE	AD	August	1,	1972		4:10	P.
	INSTITUTION	ADDRES	JO OK LOCA	1014)			5. USUA	L RESIDENCE	(Where				sidence	before odmis	sion)
6	611	Braesi	de Roa	d -	Bal	to., Md.	A. STATE	Maryla	and		B. COU	NTY	2	85	4
6.	SEX	7. RACE				NEVER MARRIED	C. CITY	OR TOWN			D. INSI	DE CITY L	IMITS?		
I	Temale	Whit		WIDOV			Ba:	ltimore				YES		No 🗆	
	DATE OF BIRTH	4	10. AGE (In		If Und	er 1 Yr. If Under 24 Hrs	E. STREE	T AND NUM	BER						
	Dec. 1	9,1924	10. AGE (In lost birthdo)	47	Monms	Doys Hours Min.	611	Braesic	de Ro	ad					
11.	BIRTHPLACE (S	tote or foreign	n country)			IZEN OF	13. FATH	ER'S NAME							
	Washing	gton,	D. C.		U	HAT COUNTRY?	Way	ne A.	Smi	th, S	Sr.				
14A	.USUAL OCCU	PATION (Give	kind of work	4B. KIND	OF BU	JSINESS OR INDUSTR	15. MOT	HER'S MAIDE	NAN	E		- 100			
S	ecreta	ry		1 M	Res	taurant, I	neSac	lie E.	Lyl	<i>es</i>					
16. (Ye	WAS DECEAS	ED EVER IN L	J.S. ARMED	FORCE	5?	7. SOCIAL SECURITY NO.	1B. MINEC	RMANT			193	ADDR	ESS		
N		(y as, g a			,	218-18-43	58Den	verE.	McK	aye-6	511	Brae	sia	le Rd.	
	19.	0.7				CAUSE OF DEA							Al	PPROXIMATE IN	ITERVAL
	DISEAS	E OR CONDI	TION DIREC	CTLY		Subarac	hnoid	hemorrh	hage						
		LEADING TO				(A)IMMEDIATE	CAUSE								
	heart foilure	ot meon the i , osthenio, etc. aplication which	It meons the	diseose,				EQUENCE OF:							
		NTECEDENT (OR CONDITIO		GIVING		(B)	AS A CON	ISEQUENCE O	F:						
	RISE TO THE	ABOVE CAL	ISE (A) STAT												
N	ONDEREIN	io condin	OIT LASI.			(c)									
CERTIFICATION	OTHER SIGN	IFICANT CON	DITIONS CO	NTRIBU	TING										
SH SH	TO THE DEA	CONDITION	RELATED TO	THE TERM	INAL										
RTI						HICH OPERATION V	AS PERFO	RMED				21	. AUTO	PSY? (Yes	r No)
	2												7	res	
CAL	22A. EXTER	NAL CAUSE V	WAS		22B. PL	ACE OF INJURY (e.g.	, in or obou	22C. WHER	E DID (lf in Boltimor	e City, gi	ve exoct lo	cation)		
음	UNDERLYING UTING CA				home,	form, foctory, street, off	ce bldg., etc) INJURY OC	CUR?						
MEDI	22D. TIME		oy) (Year) (Hou	r) 221	INJURY OCCURRED		22F. HOW I	DID INJ	URY OCCU	JR?				
	OF INJURY (APPROX.)				m. WH	IILE AT NO	T WHILE WORK								
	23.						WORK								
	I cert	ify that I he	eld on la	nquiry		Inspection A	utapsy XX	and the	at an th	is basis,	death i	n my opi	nian		
	result	red from: No	atural cau	ses X	Ac	cident Suici	de 🗌	Homicide _		Indetermin		ner 🗌			
	ACTUAL	2	241	1	00			CHIEF MED	DICAL E	XAMINER				DATE SIGN	NED
	SIGNATI	JRE	Marios	red	FUA	M.	D. A	SSISTANT MEI	DICAL E	XAMINER	X				
	EXAMIN	ER'S Ma	rvin S	p1.	. + + .	M D	AS	SOCIATE MED	DICAL E	KAMINER		8/	2/72	2	
24	NAME (T		B. DATE	. 110		NAME of CEMETERY	or CREMA	TORY	24D I	OCATION	(City	, town, or			te)
RE	MOVAL (Specif	v)		,										, (510	-/
-	urial		/3/72			ake View	Memor	ial Po	irk	-Carr	oll	Cty	· M	arylo	nd_
25.	A. DATE REC'D			25B.	1 .	OF REGISTRAR	25	C. FUNERAL I	DIRECTO				tote		
		AUG7	1972		المراج الم	ren Inter	M		41.5	736 8	Edmon	dson of	Tue.		
٧S	151-REV. 1/1/68		1	a'	×.	14. 0			- 5	Caben	wille,	Ma, 21	228		



5-6301

	16 11/442		HEALTH DEPARTMENT	7	2 07448	
BI	RTH NO. CERTIFI	ICA	TE OF DEATH	REG. NO. STATE	-	
	NAME OF DECEASED PO OF PRINT MARIE. C: SCHWERT	-	2. DATE AND HOU	R OF DEATH	, 0	IO A
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		4. USUAL RESIDENCE (Where deced	sed lived. Il inst	ilution: residence bel	ore admission)
H	ILL NAME OF OSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	т	MD. c. CITY OR TOWN	D. INSID	E CITY LIMITS?	01
	BON SECOURS	- 1	BALTIMORE		YES NO	
	5 14		E. STREET AND NUMBER 301 MC MGCH			
	SEX 6. RACE CAUCASIAN NEVER MARRIED NEVER MARRIED DIVORCED		5/26/1895 9. AGE	Un yeors	If Under 1 Ye If Manths Days Hou	Under 24 Hrs.
	N. USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR IND (the during most of working life, even if retired)	USTRY	11. BIRTHPLACE (State or foreign coun	lry	12. CITIZEN OF WH.	AT COUNTRY?
	etired Clerk City of Balto		Baltimore, Md.		USA	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		1	
	Carl W. Schulz		Helena Pilgrim			
15. (Ye	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.		17. INFORMANT		ADDRESS	
	0 214 40 416	54	Mrs. Mildred Koeni	, 502 Wi	ilton Rd.	
Г	18. CAUSE OF D	DEATH			DETINENTS ON I	TE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	VI)- MULTIPLE ARRI	JYTHMI,	AS DAY	C
	(This does not mean the mode of dving, e.g., (A) IMMEDIAT	TE CAUS	E CONSEQUENCE OF:	, (- DA1	2
	heart failure, asthenia, etc. Il means the disease, injury or complication which caused death.)	/		201101	<u> </u>	
	ANTECEDENT CAUSES YOSSIBL	-E	CGREBRAL EME	SOLIZIV	(
	DISEASES OR CONDITIONS, if any, giving DUE TO, C	OR AS	CONSEQUENCE OF:	***********		
	nse to the above cause (A) stating the UNDERLYING CONDITION last. (C)					
	(*/************************************	241	ACT	A		
ERTIFICATION	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	CA	- ARTEPHOSCLETE	57.50		Drift-G-G-distance show recompany (
RTIFIC	198. CONDITION FOR WHICH OPERATION WAS PERFORMED		20A. AUTOPSY? (Yes of No.) 20B. [] IN CE	TYES WERE FIN	DINGS CONSIDERED OF DEATH?	D
CALC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (hame, form, foctory, streeted)	(e.g., in eet, offi	or obout 21C, WHERE DID ce bidg., INJURY OCCUR?	(If In Boltimore	City, give exoct locoti	on)
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED While At Not Work At V	D While Work	21F. HOW DID INJURY OC	CU R?		
	22. I certify that (I) (this hospital) attended the deceased from.		7-17 19 77	to 5	5-01	10 72
	that (I) (we) lost sow the deceased olive an 7-31		19 72 and that in (m	y) (our) apint	on deoth accurred	on the date
	and hour and fram the couses stated above. (1) (We) (did) (did n	not) via		, , ,, -		-1110 4016
	23A. SIGNATURE	10		/ 2	38, DATE SIGNED	
	Colar E. Fernanden 191	Atten Phys.	ding Med. Staff Phys.		8-01-	72
	23C. PHYSICIAN'S NAME (Type)	-	D. ADDRESS			
	USCAR E, FEKNANDINI MIL	EGREE	BON SECOU	21 HOS	P	
24/	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of REMOVAL (Specify)	OF CREA	MATORY 24D. LOCATION	(City.	town, or county)	(Stole)
	Burial 8/3/72 Gardens of Fai	ith		Ba	ltimore	Md.
25/	AUG 7 1972 258. NAME OF REGISTRAR	1	25c. funeral director		ADDRESS	3
L.	150-8EV- 1/1/68	724	7	110110	JOS TOPK RO	•



72 07449 BALTIMORE CITY HEALTH DEPARTMENT

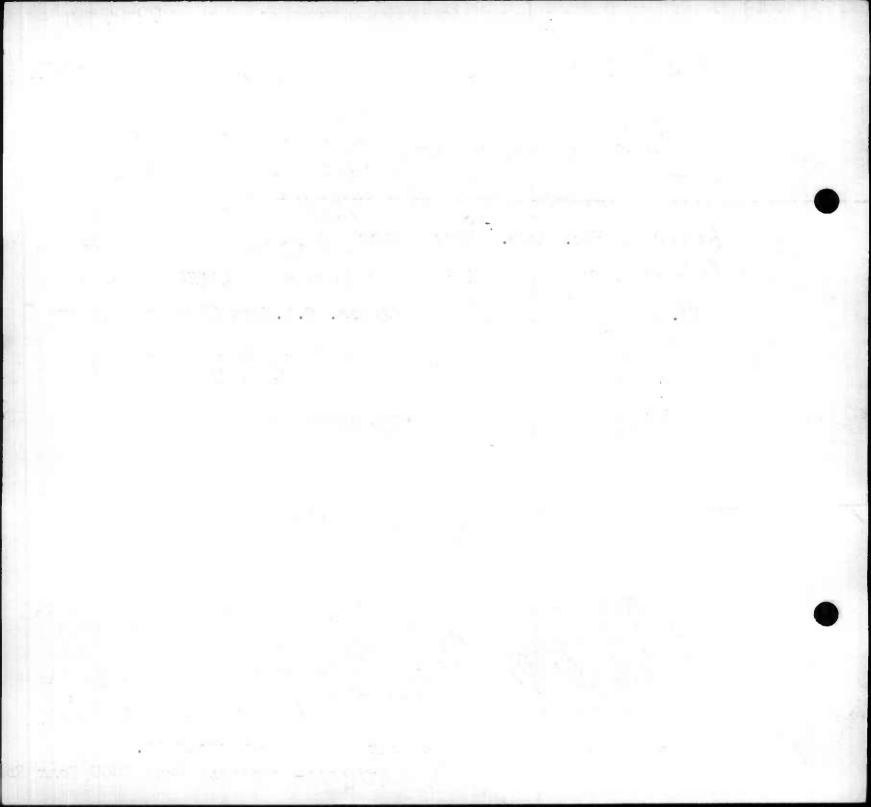
72 07449

BIRTH NO. MEDICAL EXAMINER'S	OF MARYLAND-DHUH
I. NAME OF DECEASEDE DWARD A. HEALY	2. DATE Known Manth Doy Year Hour
(Type or Print) EDWARD HEALY	OF Estimated
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD July 31, 1972 6:27 P.M
UNION MEMORIAL HOSPITAL	S. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE Maryland B. COUNTY
6. SEX 7. RACE B. MARRIED NEVER MARRIED	D. INSIDE CITY LIMITS?
Male White Markied I NEVER MARKIED	
9. DEF OF CHIEF 1926 10. AGE (In years If Under 1 Yr. If Under 24 Hrs	TES ZE. NO
BALTO MD 46 Months, Doys, Hours Min	5514 Midwood Avenue
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
BALTIMORE, MD. WHAT COUNTRY?	EDW. P. HEALY
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUST	Y 15. MOTHER'S MAIDEN NAME
ENG. SATE ROADS COMM. MD.	MILDRED LIDIE
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give worst dotes of service) 2155CURITY NO 2	31-MR. JOHN P. HEALY- (BRO.)
19. A CAUSE OF DEA	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arteri	osclerotic cardiovascular disease
LEADING TO DEATH (A)IMMEDIATE	CAUSE
	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OF	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
Z (c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	AS PERFORMED 21. AUTOPSY? (Yes or No)
	yes
Z2A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.	, in or obout 22C. WHERE DID (If in Boltimore City, give exoct location)
UNDERLYING OR CONTRIB. home, farm, foctory, street, off	ce bldg., etc.) INJURY OCCUR?
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.1NJURY OCCURRED	22F. HOW DID INJURY OCCUR?
(APPROX.)	T WHILE
23.	
I certify that I held on Inquiry Inspection A	ond that on this basis, death in my opinion
resulted from: Notyra Couses X Acadent Suigh	
ACTUAL A / A / A /	Deputy CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE / M.	D. ASSISTANT MEDICAL EXAMINER
EXAMINER'S Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER 8/1/72
REMOVAL (Specify) 8/4/72 24C. NAME of CEMETERY BURIAL 24B. DATE 8/4/72 DULANY VA	or CREMATORY 24D. LOCATION (City, town, or county) BAL TO CO
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
	MITCHELL-WIEDEFELD HOME
VC 151 DEV 1/1/4D	1 16500 YORK RD. 21212

BILL ENGRAPH .EL .WOLTONOS TOXA alia di brigarita iza di kapatan menangan kepada di kapatan pangalan di kapatan pangalan di kapatan pangalan d HE IS STORY IN THE STORY OF THE STORY OF THE STORY THE STATE OF THE S de la companya de la

10-200

BALTIMORE CITY HEALTH DEPARTMENT 72 07450	
BIRTH NO CERTIFICATE OF DEATH REG. NO.	
I. NAME OF DECEASED STATE OF MARYTAND-DHMH 2. DATE AND HOUR OF DEATH	
CHARLES G. TUHCE 7-29-72 70	5 pm
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If Institution residence before a state B, COUNTY	dmission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADD.	8
SECOURS HOSP COUNTY IN INSIDE CITY LIMITS?	
3 12025 W. FAYETTE ST. E. STREET AND NUMBER YES NO	
1205 EVESHAM AVE	
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 1 Yr.) If Under 1 Yr.	r 24 Hrs. Min.
10A USUAL OCCUPATION (Give kind of working KIND OF BUSINESS OF INDUSTRY IN PROPERTY OF THE PRO	
dope during most of working life, even if retired)	OUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME	
(0 40 0) 50 110 110 110	
S. WOS Deceased Eyer In U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	
(Tes, no of unknown) ut yes, give wor or doles of service) SECURITY NO.	_
NO. 312-63-3920 MRS. C. G. NACE 1205 EVESHAM AV CAUSE OF DEATH CAUSE OF DEATH APPROXIMATE IN	E
DISEASE OR CONDITION DIRECTLY	
(This does not meen the mode of dying, e.g., (A) IMMEDIATE CAUSE ROUTE MY ARRIVED THE COURT OF AS A CONSCILENCE OF A CONSCILE	
heort failure, asthenia, etc. Il means the disease, injury or complication which caused death.)) Thirtings
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if any, giving DUE 10, OR AS A CONSEQUENCE OF:	1000000
rise to the above cause IA) stoling the UNDERLYING CONDITION last. (C)	
\\\(\sigma_{\sigma}\)	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING IT O THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (AL.)	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTORSYS (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSYS (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
218. PLACE OF INJURY (e.g., in or obout 21 G. WHERE DID	
DEATH (notify medicol exomine)	
21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
Work At Work	
22. 1 certify that (1) (this haspital) attended the deceased fram 1/32 19 12 to 7/29 19	72
that (1) (we) last sow the deceased alive an	he dote
and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death.	
23B, DATE SIGNED	
23G. PHYSICIAN'S NAME (Type) Aftending Med. Director Phys. Director Phys. 23D. ADDRESS	7
FELLMON & SONIA MO BON SEC DUNS HOSP. THE	71
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CHARACTERY	State)
BURIAL 8/2/72 LOUDON PARK BALTIMORE MD.	0.0101
25A. DATE REC'D BY HEALTH DEST. DEST	
AUGY 1912 Thomas MATCHEDL-VIEDEFELD HOME 6500 10	RK RI
VS 150-REV. 1/1/68 //	



BIRTH NO. 1. NAME OF DECEASED (Type of Print) ALDA ZEARES 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MORE) 1. NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MORE) 1. STREET AND NUMBER 1940 Eastern Ave. 4. USUAL RESIDENCE (Where deceased lived, II institution: A. STATE B. COUNTY C. CITY OR TOWN D. INSIDE CITY YES [INSTITUTION] BALT IMORE TO MARRIED NEVER MARRIED S. SEX 6. RACE MARRIED NEVER MARRIED DIVORCED 10 MY 1885 10 MORE COUNTY 11 BIRTHPLACE (Slode of foreign county) 112 CITY 113 CITY 114 CITY 115 CITY 115 CITY 115 CITY 116 CITY 117 MORE COUNTY 118 BIRTHPLACE (Slode of foreign county) 118 CITY 119 CITY 110 CITY 111 CITY 110 CITY	2302 LIMITS?
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION) BALT IMORE CITY HOSPITALS C. CITY OR TOWN D. INSIDE CITY PAGE IN SALT IMORE 4940 Eastern Ave., Baltimore, Md. 21224 S. SEX 6. RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH P. AGE (In years of Months) S. DATE OF BIRTH P. AGE (In years of Months) Months Caucasian Widowed Divorced 10 Mey 1885	T A M. I residence before admission) LIMITS? NO NO NO NO NO NO NO NO
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR BALT IMORE CITY HOSPITALS BALT IMORE CITY HOSPITALS E. STREET AND NUMBER 940 Eastern. Ave. 4940 Eastern Ave., Baltimore, Md. 21224 Baltimore City Hospitals S. SEX G. RACE T. MARRIED NEVER MARRIED S. DATE OF BIRTH P. AGE (In yeors of Months) Baltimore City Hospitals To Married Never Married S. DATE OF BIRTH TO MONTHS OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slede of foreign country) 112. CITY OR TOWN C. CITY OR TOWN D. INSIDE CITY YES STREET AND NUMBER 940 Eastern. Ave. Baltimore City Hospitals To Married Number S. DATE OF BIRTH TO MONTHS OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slede of foreign country) 112. CITY OR TOWN D. INSIDE CITY YES STREET AND NUMBER 940 Eastern. Ave.	2302 LIMITS? NO []
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR BALT IMORE CITY HOSPITALS BALT IMORE CITY HOSPITALS E. STREET AND NUMBER 940 Eastern. Ave. 4940 Eastern Ave., Baltimore, Md. 21224 Baltimore City Hospitals S. SEX G. RACE T. MARRIED NEVER MARRIED S. DATE OF BIRTH P. AGE (In yeors of Months) Baltimore City Hospitals To Married Never Married S. DATE OF BIRTH TO MONTHS OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slede of foreign country) 112. CITY OR TOWN C. CITY OR TOWN D. INSIDE CITY YES STREET AND NUMBER 940 Eastern. Ave. Baltimore City Hospitals To Married Number S. DATE OF BIRTH TO MONTHS OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slede of foreign country) 112. CITY OR TOWN D. INSIDE CITY YES STREET AND NUMBER 940 Eastern. Ave.	2302 LIMITS? NO []
BALT IMORE CITY HOSPITALS STREET AND NUMBER 940 Eastern Ave.	NO [
4940 Eastern Ave., Baltimore, Md. 21224 Baltimore City Hospitals S. SEK Caucasian WiDowed Divorced Divorced 10 Mir 1885 IOA USUAL OCCUPATION STORY AND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Siele of foreign country) 103. CITY HOSPITALS Widow Baltimore City Hospitals Finale Caucasian WiDowed Divorced 10 Mir 1885	
4940 Eastern Ave., Baltimore, Md. 21224 Baltimore City Hospitals 5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in yeors of lost birthdoy) 10 My 1885 10	21224
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH OST birthdoy) 10. USUAL OCCUPATION Give had of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 112. CI	
	der 1 Yr., if Under 24 Hrs.
	s Doys Hours Min.
	TIZEN OF WHAT COUNTRY?
Maryland Maryland	u.s.
THE SECTION OF THE SE	
New Deceased Ever in U. S. Armed Forces? [16. SOCIAL SECURITY NO. 17. INFORMANT SECURITY NO. 17. INFORMANT	ADDRESS
No Security No. 217-32-9907A Records: BCH-4940 Eastern CAUSE OF DEATH CAUSE OF DEATH	
The state of the s	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc., it means the disease, injury or camplication which caused death.) (A) IMMEDIATE CAUSE Cerebral arthropolerosus DUE TO, OR AS A CONSEQUENCE OF:	BETWEEN ONSET AND DEATH
(A)IMMEDIATE CAUSE COLOR CONTROL CONTR	yes.
heart failure, ashenia, etc. It means the disease, injury or camplication which caused death. ANTECEDENT CAUSES	
ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:	
UNDERLYING CONDITION last, (c) A SCVO-CHE Compensaled	yes,
	4
E E DE E E I TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***********************
WAS PERFORMED 20A. AUTOPST? (Yes of No.) 20B. IF YES, WERE FINDING WAS PERFORMED	S CONSIDERED
21A. ACCIDENT WAS UNDERLYINO	ive exact location)
2 2 0 A 0 11 2 leavent 1 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	*
- 0.0. 0.2.	
22. I certify that (1) (times no spiral) dirended the deceosed from 1970 to 200	
005-0	ath occurred on the dote
[23t, DA	ATE SIGNED
Phys. Director L. Phys.	ang 72
23C. PHYSICIAN'S 23D. ADDRESS	s.4940 Eastern
DEGREE	
24A. SURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, REMOVAL (Specify) AUG 5-72 HOLY CROSS RITCHIE HWY-	or county) (State)
258 WAME OF TEGISTRAM	MC/ ADDRESS
### AUG7 1972 The Straw of France France &	Color Con St

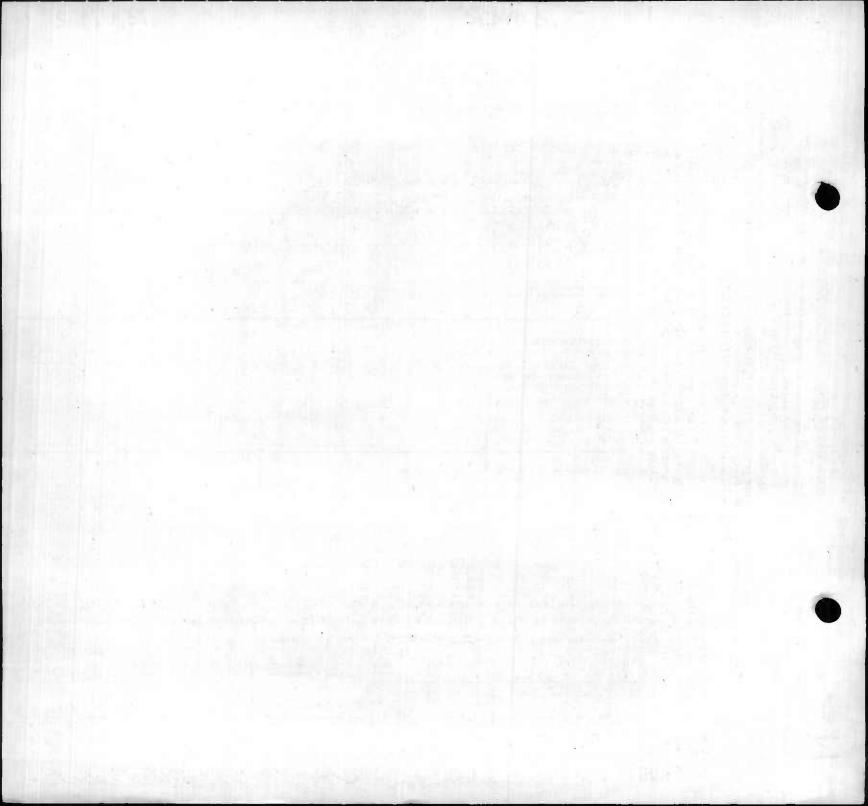
8/24/70 27E. West St.

(Line was bird

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

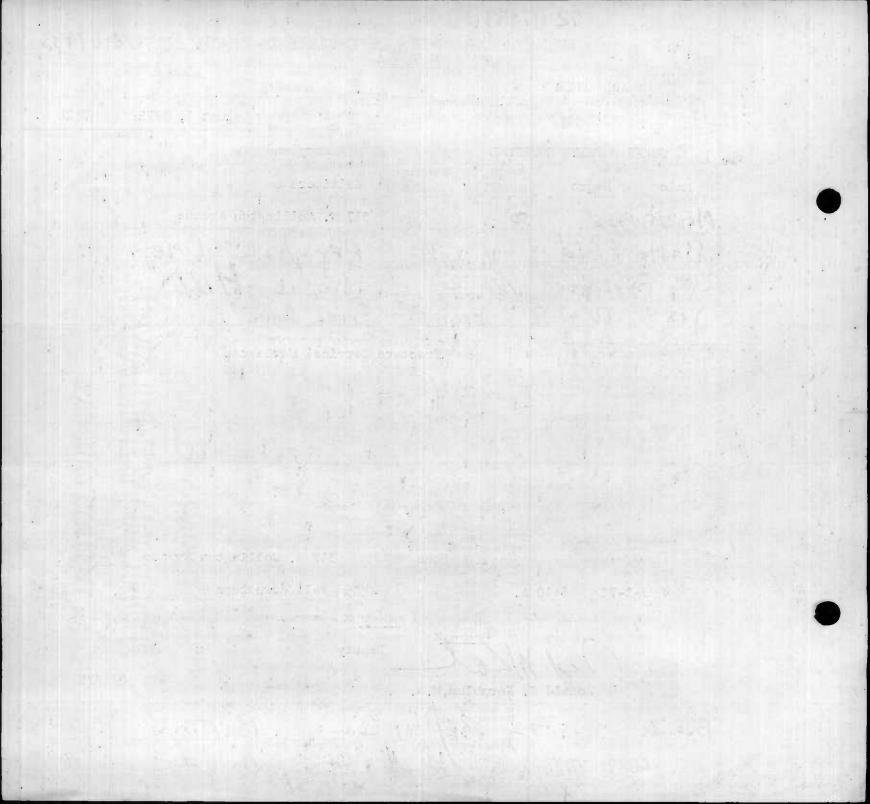
	72 07452 BALTIMORE CITY HEALTH DEPARTMENT 72 07452							
		CERTIFICA	TE OF DEATH	REG. NO.				
	TH NO.			STATE	E OF MARYLAND-DHMH			
	AME OF DECEASED	Divis	2. DATE AN	D HOUR OF DEATH	913/ n			
	JAMES SAMUE	EL DOWNEY	Jul	· Y 28	/ / / M.			
3. F	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	A. STATE B. COUN	e deceosed lived. If insti	itution: residence before admission)			
HO	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	MARYLAN		2000			
INS	NOITUTIES		C. CITY OR TOWN	-	E CITY LIMITS? YES: NO \(\bigcap \)			
1/	LAIVERSITY OF MD.	MOSPITAZ	E. STREET AND NUMBER	_				
					16. 21223			
5. S	6. RACE 7. MARR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.			
	/ WIDOV	WED DIVORCED	10/02/00	7/				
	. USUAL OCCUPATION (Give kind of work 10B, KINI	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?			
7	during most all working life, even if refired)		MARYIN	2 11	U.S.A.			
13.	NOW WHEMPLEYED		14. MOTHER'S MAIDEN NAM	MF				
	SAMUEL DOWN		mary	10				
	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	BURLES	ADDRESS			
(Yes	s, no or unknown) (Iff yes, give wor or dotes of servi	SECURITY NO.	Pr. 4 E.R. 5,	MEET of E	DED CHART			
	1B. 41221	CAUSE OF DEATH	. , , ,		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY		7					
	LEADING TO DEATH	(A) IMMEDIATE CAUS	E / CLMONATIC	Y EMBOCUS	MING, ES			
	(This does not meon the made of dying, heart foilure, asthenia, etc. It means the dise injury or camplication which coused death.)		CONSEQUENCE OF:					
	ANTECEDENT CAUSES	UAS	(1/7)		V/Z S			
		(B) OR AS	A CONSEQUENCE OF:		7/6			
	DISEASES OR CONDITIONS, if any, girise to the above cause (A) stoting	9	A CONSEQUENCE OF:					
	UNDERLYING CONDITION last.	(c)			<u> </u>			
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	NG						
ATION	TO THE DEATH BUT NOT RELATED TO THE TERMIN							
	DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FIN	NDINGS CONSIDERED			
CERTIFIC	WAS PERFORMED	_	NO	IN CERTIFYING CAUS	ES OF DEATH?			
	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, offi	or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)			
ICAL	DEATH (notify medical examiner)	etc.)						
ш	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?				
2	(APPROX.)	White At Not While At Work						
	22. I certify that (1) (this hospital) attended the deceased fram 82044 7/20 19 72 to 915 177 7/28 19 72,							
	that (1) (with last saw the deceased alive an July 22 19 72 and that in (my) (with a coursed an the date							
				at in (my) (Con) opini	an death accurred an the date			
	and haur and fram the causes stated abave. (1) (did) (did not) view the bady after death.							
	23A. SIGNATURE			2	23B. DATE SIGNED			
	Menes K. Hum	M.O DECREE Phys.	nding Med.	Stoff Phys.	7/28/72			
	23C. PHYSICIAN'S NAME (Type)	DEGREE	3D. ADDRESS					
	M D HEVANAN	MD	UNIV. OF	MARYLA.	ND HOSP.			
244	BURIAL CREMATION, 248, DATE	C. NAME of CEMETERY OF CREE			, town, or countyl (State)			
	REMOVAL (Specify)	h. ++ 1 1-	16/	molt	- m()			
1	urice DIIId	u wow	al l	Jule	1/62			
25A	DATE REC'D BY HEALTH DEPT. 258, NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	11	ADDRESS			
	AUG7 1972 Dedu	eg for X	CLIPH (B)	11/1/mell	W/Duntak			
VS	150-REV. 1/1/6B	1						



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72 07453 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH N	O.	WEI	DICAL	EXAMIN STATE OF	VER'S C	ERTH	CATE C	F DEAT	TH REG. NO	72	07453
1. NAME	1. NAME OF DECEASED (Type or Print) HOWARD OMER					2. DATE OF DEATH	Known Estimoted	Month	Doy	Yeor	Hour M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			3. DATE	-5.7	Month	Doy	Yeor	Hour '			
FULL NAM HOSPITAL OR INSTIT		(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INST	ITUTION, GIVEST	REET		RESIDENCE (W	Augus	st 1, 197		7:20 A.
JOHNS HOPKINS HOSPITAL					A. STATE	Mary land		B. COUNTY		703	
6. SEX	7. R	Negro		IED NEVER A		C. CITY C	r town timore		D. INSIDE CIT		
	OF BIRTH	10.AGE (WIDOW In veors	If Under 1 Yr. If U	VORCED L		AND NUMBER		YE	5 🔲 🗆	NO L
MAY	.15,19	922 lost birthd	oy) 50	Months, Doys, h	Hours Min.	517	N. Collin		venue		
BIRTH	PLACE (Stole	or foreign country)		WHAT COU		13. FATHE	PYA A	lm	Ome.	r	
	g most of working	ION (Give kind of worling life, even if retired)		OF BUSINESS	OR INDUSTRY	15. MOTH	2	IAME	,)/		
16 WAS		PLOYEE VERINGS. ARME	D FORCES	? 17. SOCIA	AL.	IB. INFO	MANT .		AD	DRESS	
(Yes_ne or		es, give wor or dotes		SECUR	NITY NO.	7	na Om	A. 1	207 E. J	effer	· Cor
19.		- O X	-	1214-13 CAI	USE OF DEA	100	ing wir	Cor Z.	2016 0	AP	PROXIMATE INTERVAL VEEN ONSET AND DEATH
	DISEASE OF	R CONDITION DIR	ECTLY	F	ractur	e Cerv	ical Ver	tebra			
171		DING TO DEATH		(A)	IMMEDIATE C						
he	ort foilure, osth	eon the mode of d nenio, etc. It means th otion which coused de	e diseose,		DUE TO, OR A	AS A CONSE	QUENCE OF:				
	ory or complice	Anger with courses de	, , ,								
DI		CEDENT CAUSES	Y GIVING	(B)	DUE TO, OR	AS A CONS	EQUENCE OF:	*******			
I I UN	E TO THE ABO	CONDITIONS, IF AN OVE CAUSE (A) STA CONDITION LAST.	ATING THE								
0				(c))						
		ANT CONDITIONS C									
F 018		BUT NOT RELATED TO NOTION GIVEN IN			******						
20 A.	DATE OF OPI	ERATION 208. CO	NOITION	FOR WHICH OP	ERATION WA	AS PERFOR	MED				PSY? (Yes or No)
100000				200 01 4 25 25	to exceed the control of the control		000 11111111111111111111111111111111111			ye	S
UND UTIN 22D.	ERLYING TO	CAUSE WAS OR CONTRIB-		home, form, foctor	ry, street, office	e bldg., etc.)	INJURY OCCUI	??	ore City, give exoc		212
¥ UTIN	IG CAUSE		or) (How		OCCURRED	0			on Avenue		
OF IN	OF INJURY										
23.	AT WORK AT WORK AT WORK AT WORK										
	I certify t	that I held on	Inquiry	Inspection	on Au	topsy X	ond that o	n this basis	, deoth in my	opinion	
	resulted	from: Naturol co	uses 🗌	Accident			iomicide		Ined monner		
	ACTUAL	(1).1	11/	// /			CHIEF MEDICA		_		DATE SIGNED
	SIGNATURE_	MA	11/6	who -	M.D	•	SISTANT MEDICA			8/1	./72
	EXAMINER'S NAME (Type)	KODAIO	N. K	ornblum, N			OCIATE MEDICA	AL EXAMINER		0/1	7 7 2
	RIAL CREMATI AL (Specify)	ION, 24B. DATE		24C. NAME o	CEMETERY	or CREMA	TORY 2	D. LOCATION	N (City, town,	, or county	(Stote)
44	nal	8-5-	72	1000	10.	Com		1021	1/more	/	and.
25A. DA1		HEALTH DEPT.	258. N	AME OF REGIST	TRAR	250	FUNERAL DIRE	CTOR	AL AL	DDRESS	, A
	AUG	G7 1972	Tope	they ford	horto	W.E.	homes -	0.4	Vilsa	1000 B	routley / pro
VS 151-RE	V. 1/1/6B	//	31411	1-	93.10	-0	1 1/1			a. IL	MI



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72 07454 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMIN STATE	ER'S CE	RTIFIC AND-DH	ATE OF	DEAT	H REG. NO.	72	07454
1. NAME OF DECEASED		DATE	Known 🗌	Manth	Doy	Year	Haur
(Type or Print) WILSON HARGROVE		OF DEATH	Estimated				М.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DE		DATE	ICED DEAD	Manth	Day	Year	Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STR HOSPITAL ADDRESS OR LOCATION)	EET	PRONOUT	ACED DEAD	7	28	1972	6:25p M.
OR INSTITUTION		USUAL RES	IDENCE (Where	e deceased li	ved. If institution B. COUNTY	: residence l	befare admission)
424 W. Camden St.			Md.				2/01
6. SEX 7. RACE 8. MARRIED NEVER MA	ARRIED C.	CITY OR T			D. INSIDE CI	TY LIMITS?	
	ORCED 🗌		Balto.		YE	s 🔀	NO O
9. DATE OF BIRTH 10. AGE (In years and the state of the s			Camden	St.			
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUN		. FATHER'S	NAME	146	RERA	VE.	
14A.USUAL OCCUPATION (Give kind of work) dane during most of working life, even if retired)	R INDUSTRY 15		CARL		RTER		
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na ar unknawn) (If yes, give war ar dates af service)		. INFORMA			Al	DRESS	AMDENS
[19. CAU:	SE OF DEATH	C. 110				AP	PPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY Arte	rioscler	cotic c	ardiovas	cular	disease	BETW	EEN ONSET AND DEATH
LEADING TO DEATH (A)!	MMEDIATE CAU	SE					
(This does not mean the made of dying, e.g., heart tailure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	DUE TO, OR AS A	A CONSEQUE	NCE OF:				
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO, OR AS A CONSEQUENCE OF:							
<u> </u>							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPE							කිරීමක අතේ දර්ගග එ. එ. එ. එ. වී. වී. කි. කි. මේ මේ කරුවලි එ. එ. කම් එ. මේ වි.
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPE	RATION WAS	PERFORME)			21. AUTO	PSY? (Yes ar Na)
0						no	
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	ct lacation)						
22D. TIME (Manth) (Day) (Year) (Haur) 22E. INJURY OCCURED 22F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE							
(APPROX.) m. WORK AT WORK 23.							
resulted from: Notural couses Z Accident Suicide Homicide Undetermined monner							
2.1 100		CH	HEF MEDICAL	EXAMINER			DATE SIGNED
SIGNATURE MALLON STATE	M.D.	ASSIST	ANT MEDICAL	EXAMINER	3 :		DATE SIGNED
EYAMINIED'S		ASSOC	IATE MEDICAL I	EXAMINER			7 20 72
NAME (Type) Marvin S. Platt, M.D.				1-01-01			7-29-72
24A. BURIAL CREMATION, REMOVAL (Specify) BURIAL 8-2-72 24C. NAME of	CAWA			1 RUN		or county	(State)
25A. DATE REC'D BY HEALTH DEPT. AUG 7 1972 25B. MAME OF REGISTR	hosto	7	NERAL DIRECT			DDRESS	MITLEY
VS 151-REV. 1/1/68	0 1	7.4	1)			-

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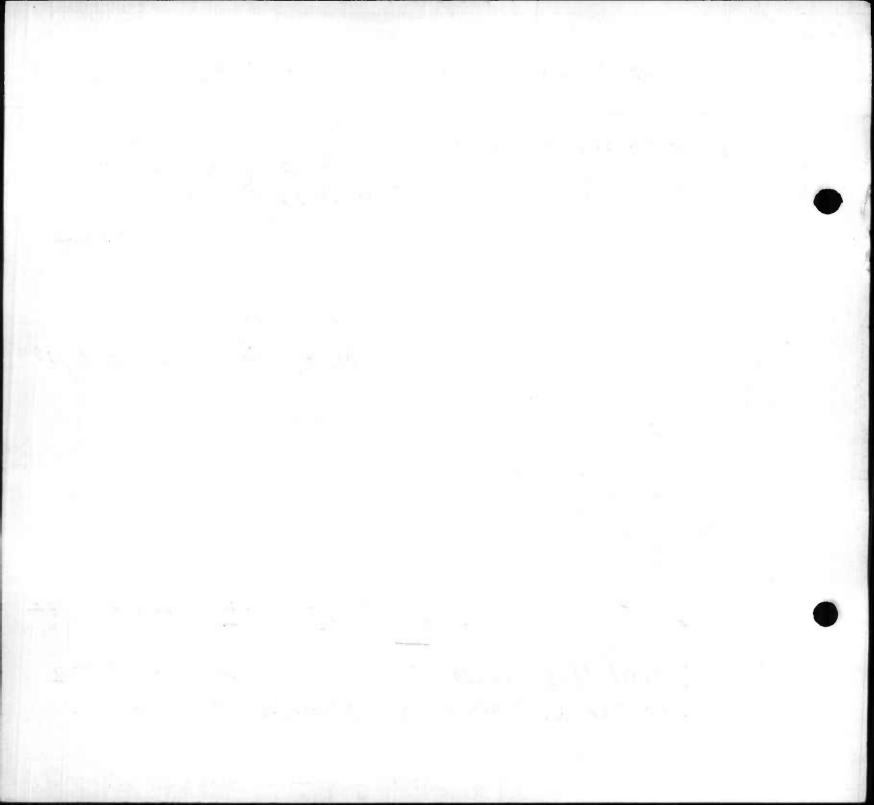
BALTIMORE	CITY	HEALTH	DEPARTMENT

72 07455

BIRTH NO. 72 07455 CERTIFICATE OF DEATH REG. NO. STA							
1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH	TE OF MARYLAND-DHMH						
DAKHH G. WESLEY 8-3-77	1 O Am						
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If i	nstitution: residence before admission)						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) [C. CITY OR TOWN D. INSTITUTION	GO 3						
11.	YES A NO						
MONTEBELLO STATE HOSPITAL E. STREET AND NUMBER							
E 200	is ST						
MAKKIED NEVER MARRIED 200 201 19 State In years	If Under 1 Yr. if Under 24 Hrs. Months! Doys Hours Min.						
WIDOWED DIVORCED 10A, USBAL OCCUPATION Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)							
done during most or working life, systi is felified)	12. CITIZEN OF WHAT COUNTRY?						
13. FATHER'S NAME	USA						
Majden Name							
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT							
(Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY (No.	ADDRESS						
1/0 / 1/20-3773 Willelle Hohmes	Same						
18. CAUSE OF DEATH	APPROXIMATE INTERVAL						
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE MILLY DE SCLOROSO	1 -10 25						
(This does not meen the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.)	2/09/						
ANTECEDENT CAUSES							
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:							
rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)							
z II							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL							
DISEASE OR CONDITION GIVEN IN PART 1 (A). 194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 204 AUTOPSY? (Yes of No.) 208, IF YES, WERE	FINDINGS CONSIDERED						
WAS PERFORMED IN CERTIFYING CA	USES OF DEATH?						
OR CONTRIBUTING CAUSE OF home, lam, foctory, street, office bldg., INJURY OCCUR?	e City, give exoct locotion)						
21D.TIME IManth) (Doy) (Yeori IHour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?							
White At Work At Work							
22. I certify that (his haspital) attended the deceased from [22. 1] 67 to [11.4.3]							
that #7 (we) last saw the deceased alive on							
Attending Med. Director Phys. B 3							
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS							
FREDERICK N. PEARSON, Modern Montebello STATE	E HOSPITOL						
	ly, lown, or county! (State)						
Burish 8-9-72 Balto. Com. Balto.	med.						
ALICO 1070	ADDRESS						
VS 150-REV. 1/1/68 VS 150-REV. 1/1/68	1000 Browthy Du						

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hust be approved by the chief medical examiner or his assistant if death occurred in a hospital and leased to the hospital by a medical examiner. Also, if the direct or contributing cause of death ident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased hospital (except where the physician who pronounced death was in regular attendance on the odeath), and (6) No physician was in regular attendance on the deceased prior to death. Such must be obtained before the remaining are sent in the deceased prior to death.)
the tate	
spine spine	
hust be approved by the chief medical examiner or his assistant if death occurred in a hospital and leased to the hospital by a medical examiner. Also, if the direct or contributing cause of death cident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased hospital (except where the physician who pronounced death was in regular attendance on the odeath), and (b) No physician was in regular attendance on the deceased prior to death. Such must be obtained before the permitted many and the deceased prior to death.	

ly was release (1) An accident

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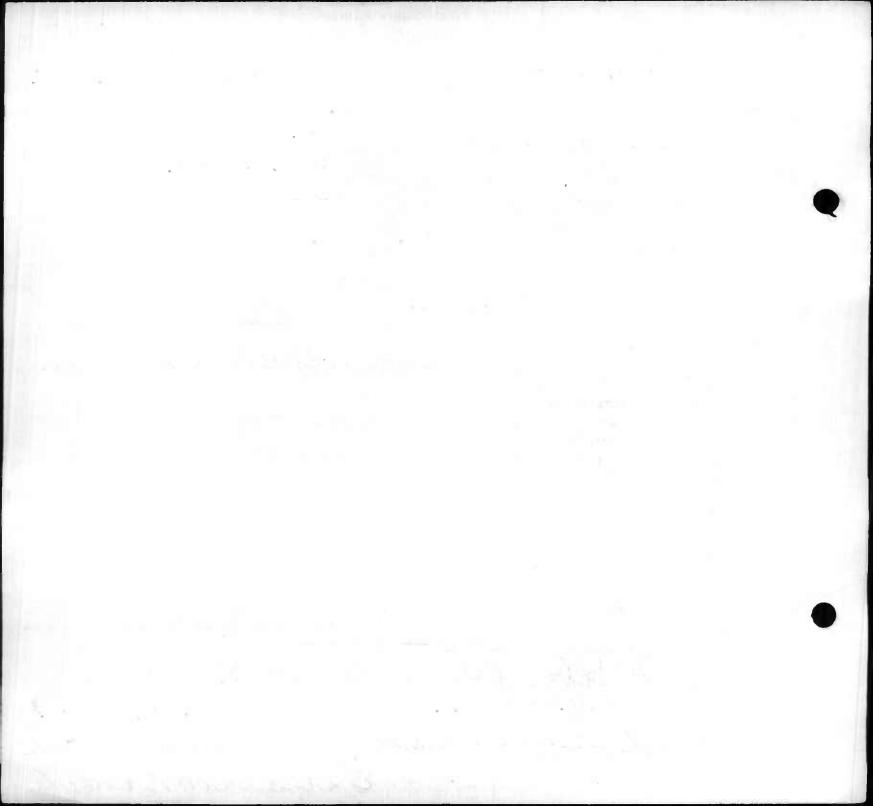
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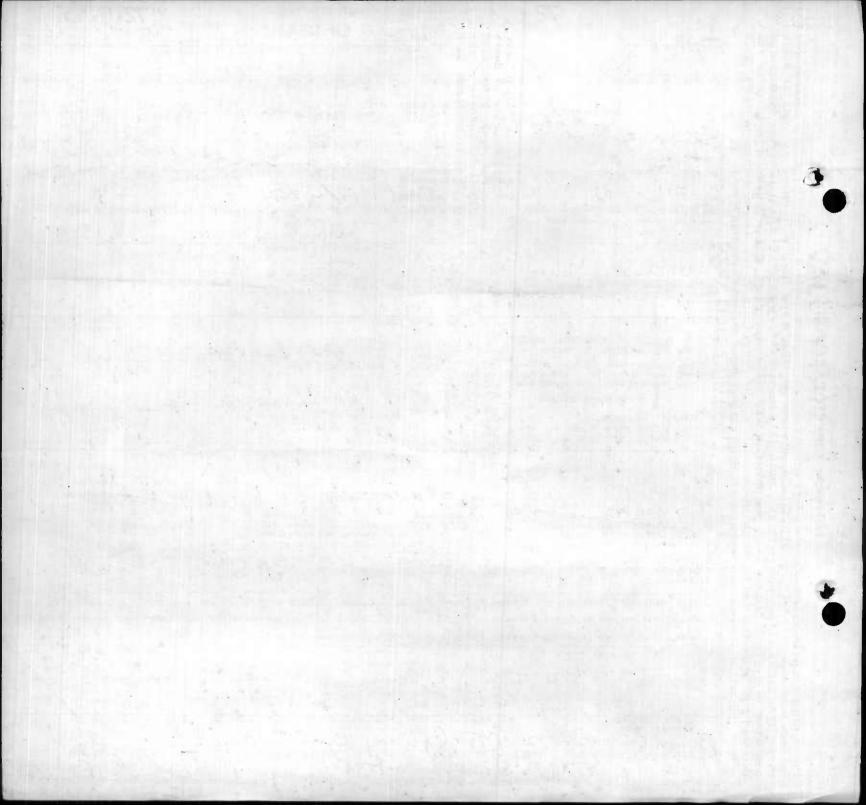
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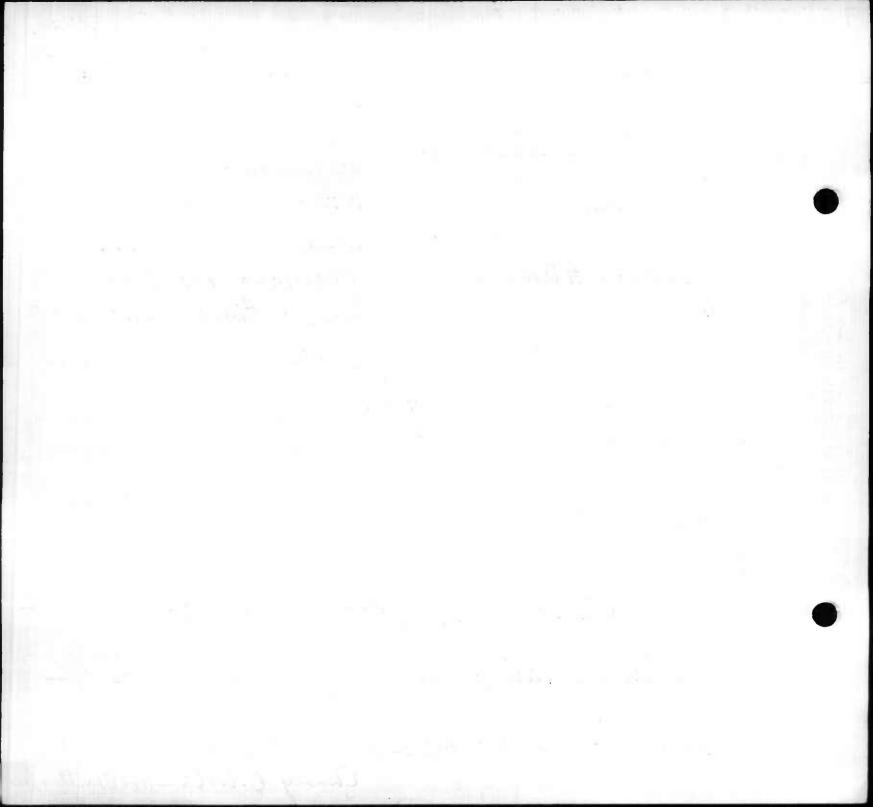
BALTIMORE CITY HEALTH DEPARTMENT 72 07456 CERTIFICATE OF DEATH BIRTH NO. TATE OF MARYLAND-DHMH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Hill Preston 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, 11 institution: residence before admission)
A. STATE
B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Md. C. CITY OR TOWN D. INSIDE CITY LIMITS? Balto. YES T Good Samaritan Hospital NO E. STREET AND NUMBER 510 Eager St. 5. SEX 6. RACE MARRIED NEVER MARRIED Il Under 24 Hrs. Hours i Min. 8. DATE OF BIRTH 9. AGE (In years Il Under 1 Yr. Il Und Manths Doys Hours ast birthdoy 08-29-05 male WIDOWED DIVORCED negro 10A. USUAL OCCUPATION (Give kind al work 10B, KIND OF BUSINESS OR INDUSTRY 111, BIRTHPLACE (State or fareign country) dane during mast of working life, even it retired) 12. CITIZEN OF WHAT COUNTRY? Acme Box Comp. Employee Md. America 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMAN ADDRESS (Yes, no or unknown) (If yes, give war ar doles of service) SECURITY NO. 6-09-0268 18. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE Carcinoma of stomach months (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, injury at camplication which caused death.) ANTECEDENT CAUSES DUE 10, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last Ш CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 1198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED -23-21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exact location) DEATH (notify medical examined MEDI 21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Nat White While At (APPROX.) Work .19 _72_ to. that (i) (%) last saw the deceased alive an 7/28 19 72 and that in (my) (st) apinian death accurred an the date and haur and from the causes stated abave. (1) (We) (did) (did-net) view the bady after death. SOF 23A. SIGNATUR 23 B. DATE SIGNED Attending Med. Staff approval Director L D.O.A. as DEGREE 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) Peter J. Tutschka M.D. 13 warren Lodge ct. 2c .Cockeysvl.Md 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) decease AUBURN BALTIMORE 25ALBATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRA 25C. FUNERAL DIRECTOR





FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

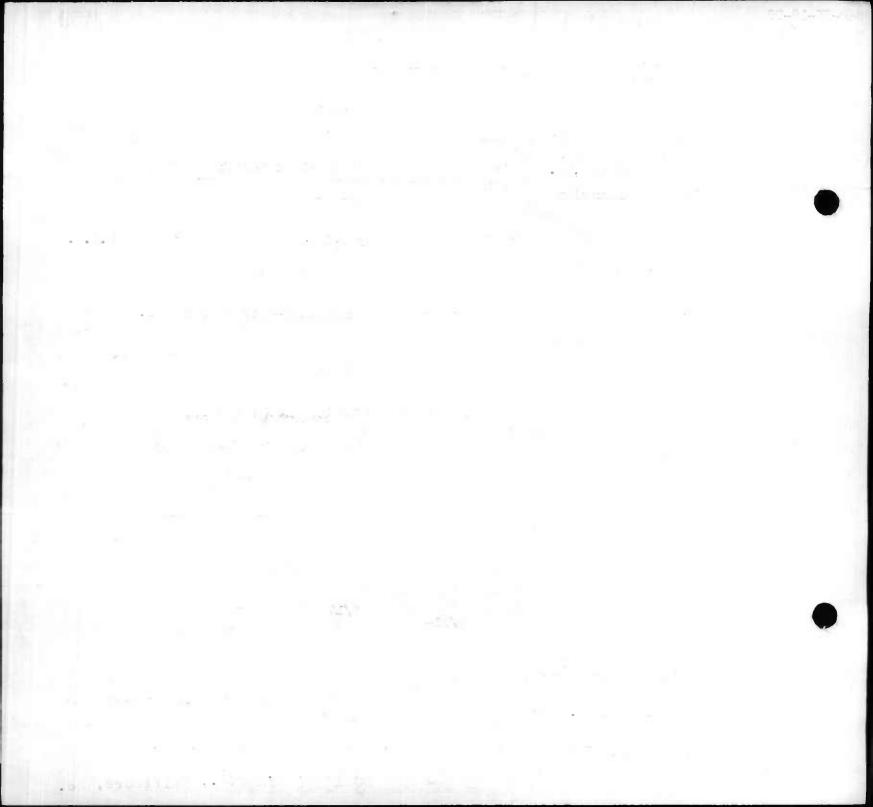
	7	2 07458	BALTIMORE CITY	HEALTH DEPARTMENT		72 07458		
BIRTH NO.			CERTIFICA	TE OF DEATH	REG. NO.			
1. NAME OF D	ECEASED			2. DATE	AND HOUR OF DEATH	TE OF MARYLAND-DHMH		
	ABRONS	LUCIOUS		8/4		12.000		
3. PLACE IN B.	ALTIMORE MARYLAND,	WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (W. A. STATE B. CO	here deceased lived. It i	institution: residence belove admission)		
FULL NAME O	FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)			MD		1512		
NOTITITION	PROVIDENT HOSPITAL			C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?		
29	2600 LIBERTY HEIGHTS			BALTIMORE		YES X NO		
21	ZOOO DIDE	KII HEIGHI	S AVENUE	e. STREET AND NUMBER				
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.		
MALE	DIACK	WIDOWED	DIVORCED	4/15/14	lost birthdoy) 58	Months Doys Hours Min.		
IOA. USUAL OC	BLACK CUPATION (Give kind of wor		SINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	Dreign Country)	12. CITIZEN OF WHAT COUNTRY		
done during most o	of working life, even if retired)	N.			oreign country,	12. CHIZEN OF WHAT COUNTRY		
13. FATHER'S N.	AME	,,,		VIRGINIA		U.S.A.		
1	- 1	2		14. MOTHER'S MAIDEN N	IAME	F / 11		
6U	CLOUS 171	of how Ji	^	PlangA	NA MIII	chell		
(Yes, no or unknow	ed Ever in U. S. Armed Fo	rces? 16.	SOCIAL SECURITY NO.	17. INFORMANT	1	ADDRESS		
No				Luciani	ABrad Ju	1. 2118// 1st D.		
18. 2.5	0.91		CAUSE OF DEATH	1	1101010 01	APPROXIMATE INTERVAL		
DISE	ASE OR CONDITION DI	RECTLY		~ 10		BETWEEN ONSET AND DEATH		
(Th: - 1	LEADING TO DEATH		(A)IMMEDIATE CAU	SE C.V.H.		15 h mm		
heort failure	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,							
injury ar co	injury ar camplication which coused death.)							
	ANTECEDENT CAUSES (B) HCCVC							
DISEASES	OR CONDITIONS, if	any, giving	DUE TO GR AS	A CONSEQUENCE OF:	-	******************************		
UNDERLYIN	he obove couse IA) IG CONDITION lost,	sloling ine	10 Lias	reter Molli	Pus			
	11							
OTHER SIGN TO THE DEA DISEASE OR	FICANT CONDITIONS CO	NTRIBUTING						
V DISEASE OR	TH BUT NOT RELATED TO T	RT 1 (A).	***************************************					
19A-DATE O	F OPERATION 198. CON WAS PER	IDITION FOR WHITE	CH OPERATION	20A. AUTOPSY? (Yes or	No. 208 IF YES WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?		
U 21A. ACCIDI	ENT WAS UNDERLYING L	21B, PLA	CE OF INTHEY (e.g. in	at about 21 C. WHERE DID				
I DEATH Inotif	UTING CAUSE OF Ty medical examined	home, fi	orm, foctory, street, all	ce bidg., INJURY OCCUR?	ut in politice	e City, give exoct focation)		
UI	(Month) (Doy) (Year)		URY OCCURRED					
S OF INJURY	1200	White A		21F. HOW DID IN	AJURY OCCUR?			
	Work At Work							
22. I certify	22. I certify that (I) (this hospital) ettended the deceased fram 19 22 to 9 5							
that (I) (we	that (1) (we) last saw the deceased alive an 8-4-72 19 and that in (my) (our) opinion death accurred an the date							
and haur ar	and haur and from the causes stated abave. (1) (We) (dfd) (dfd nat) view the bady after death.							
23A. SIGNAT	23A. SIGNATULE 23B. DATE SIGNED							
1 /	Maurice & allen Jr M. Debree Phys. Med. Director Phys. 4 8-5-72							
23C. PHYSICI	AN'S Typel	19	DEGNEE	3D. ADDRESS	111/30			
	112							
24A. BURIAL CRI	EMATION, 24B. DATE	24C. NAME	of CEMETERY of CRE	MATORY 24D.	LOCATION (Cit	ly, town, or county) (State)		
REMOVAL	D-8-	12 Mr	A.I	1	2 11	7, 10 1014 01 60011171 (31016)		
25A. DATE REC'D	BY HEALTH DEPT.	258, NAME OF RE	FGISTRAR	Com. 1	20/10.	md.		
	AUG7 1972	1	1. 2h. X-	25C. FUNERAL DIRECTO	1.11/-	ADDRESS		
VS 150-REV. 1/1/	191	1 Jones	no no non	al charry	1).W. (Son	-1000DInley for		



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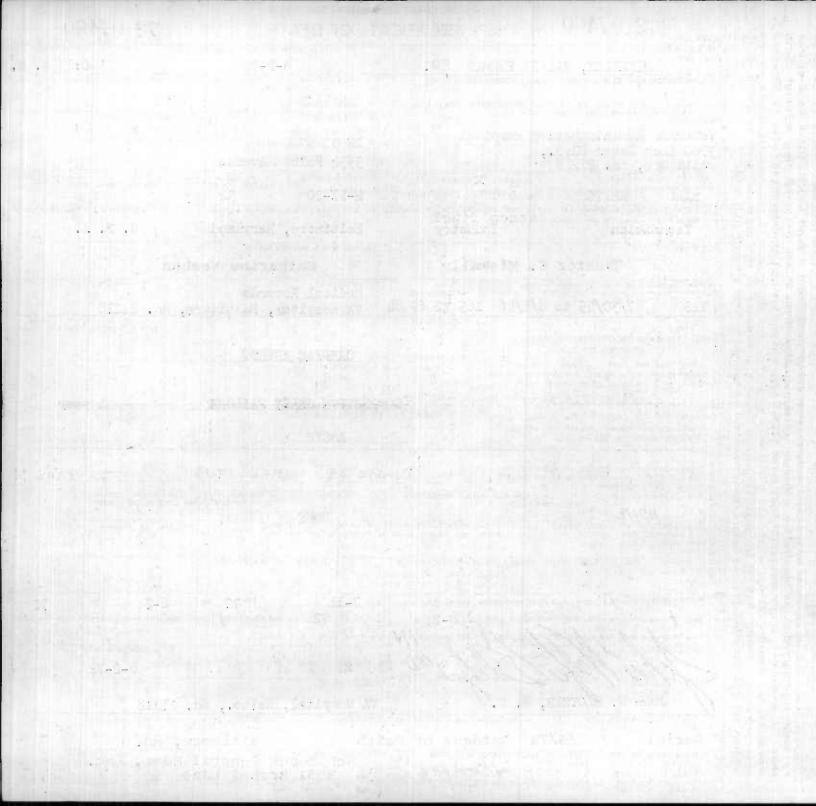
13-

,,	72 07459		BALTIMORE CITY	HEALTH DEPARTME	NT	72 07459	
BIRTH NO.	12 01400		CERTIFICA	TE OF DEAT	TH REG. NO		
1. NAME OF DE	CEASED				TE AND HOUR OF DEATH	OF MARYLAND-DHM	
(Type or Print)	Prenner	Clift	M. Harriso		7/3/1972	1020	
3. PLACE IN BA	LTIMORE MARYLAND, V	HERE PRONOUNC		4. USUAL RESIDENCE	(Where decleosed lived If in	stitution: residence before admission	
				A. STATE B.	COUNTY	/ ^ 3	
FULL NAME OF	ADDRESS OR LOC	AL OR INSTITUTIO	N, GIVE STREET	Maryland		100	
NOTTUTIEN	Dallimana Cit	v Woenital	-	c.CITY OR TOWN Baltimore	D. INSI	DE CITY LIMITS?	
/ /	Baltimore Cit		S			YES 🔀 NO 🗌	
	4940 Eastern			E. STREET AND NUM		1224	
5. SEX	Baltimore, Md.					1.244	
Male	Caucasian	7. MARRIED K	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthdoy) 58	If Under 1 Yr. 11 Under 24 Hrs. Months Doys Hours Min.	
		WIDOWED	DIVORCED	1-25-14			
done during most of	UPATION (Give kind of world working life, even it retired)	108 KIND OF BUS	SINESS OR INDUSTRY	11. BIRTHPLACE (Stole	or foreign country)	12. CITIZEN OF WHAT COUNTRY	
	wery worker	Beer		Maryland		U.S.A.	
13. FATHER'S NA				14. MOTHER'S MAIDE	NAME	Vesene	
John	n Brenner			Margaret			
					MOSTITE		
Yes, no or unknown	d Ever in U. S. Armed For a) (If yes, give wor or dote		SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
No		21	7-09-1313	Records: BCH	-4940 Eastern A	Ave. 21224	
18. 5 7	3 91		CAUSE OF DEATH			APPROXIMATE INTERVAL	
DISEA	SE OR CONDITION DI	RECTLY				BETWEEN ONSET AND DEATH	
	LEADING TO DEATH		A ABHAEDIATE CAN	- 10 romi	10 Calma	11 2 2	
(This does	not mean the mode at	dying, e.g.,	(A) IMMEDIATE CAU	A CONSEQUENCE OF:	10 Consa	9 augs	
injury or cor	asihenia, etc. it means	the disease,	,			1	
	ANTECEDENT CAUSES		1000	1	II At	- 0	
	OR CONDITIONS, if		(B) V U Q	he the	ephalopalt	u Lypans	
rise to th	e abave cause (A)	sigling the	DUE TO, OR AS	A CONSEQUENCE OF:	1.		
UNDERLYIN	G CONDITION last.	20.00	(c)	theur	Longe	4 days	
	- 11						
OTHER SIGNII TO THE DEAT DISEASE OR C	FICANT CONDITIONS COL	NTRIBUTING	Cons				
DISEASE OR C	TH BUT NOT RELATED TO THE ONDITION GIVEN IN PART	[1 (A).	1410	we a	Lyorael		
19A-DATE OF	OPERATION 198. CON	DITION FOR WHIC	H OPERATION	20A. AUTOPSY? (Yes	or No. 208 IF YES, WERE F	INDINGS CONSIDERED	
				YES	IN CERTIFTING CAU	JSES OF DEATH?	
OR CONTRIBL	NT WAS UNDERLYING	218, PLA	CE OF INJURY le.g., In	or obout 21 C. WHERE Dice bidg. INJURY OCCU	ID (If In Boltimore	City, give exect location)	
DEATH (notify	medical examined	etc.)	ing locioly, saces on	ice bioggillajoki occi	, Kr		
21D. TIME	(Doy) (Yeor)	(Hour 21 E INJU	URY OCCURRED	21E HOW DI	D INJURY OCCUR?		
(APPROX.)		While At	Not While				
	Work L. At Work L.						
22. I certify	that (I) (this hospital)	attended the de	ceased from	6/17		131 1972	
that (i) (we)	last saw the decease	d alive on	7/31-	19 72 01			
and hour and	that (i) (we) last saw the deceased alive on 1/31- 19 72 and that in(my) (aur) apinion death accurred an the date and haur and from the causes stated above. (i) (We) (did) (did not) view the bady after death.						
23A. SIGNATE	22A. SIGN ATURE						
4 Want	23R DATE SIGNED						
		MUIN	DEGREE Phys.	Director L	Staff Phys.	73172	
23C. PHYSICIA NAME (T			2	3D. ADDRESS 4940	Eastern Ave., B	altimore City	
	Matthew N. Fi		DECREE	Hospitals		•	
REMOVAL (MATION, 248, DATE	24C. NAME	of CEMETERY OF CRE		D. LOCATION (City	, lown, or county) (Stote)	
Buris	1 8-3-72	Holly	Hill Mem.		Baltimore, Me	•	
		258 NAME OF RE					
AUG7	1972 Drd	sy from	Trees.	Nicholas.	Tor The Matthews ofn Ave., Bal	ADDRESS	
	Ltimore, Nd.						



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240	14
be approved by the chief medical examiner or his assistant if death occurred in a hospital and A to the hospital by a medical examiner. Also, if the direct or contributing cause of death A to any nature. (2) Body burns: (3) A fracture of any kind: (4) Undetermined cause; (5) Deceased	intal (except where the physician who pronounced death was in regular attendance on the ath); and (6) No physician was in regular attendance on the deceased prior to death. Such st be obtained before the remains are embalmed or final disposition is made.
ing in	ariori.
occurre	ital (except where the physician who pronounced death was in regular attact and (6) No physician was in regular attendance on the deceased priors the obtained before the remains are embalmed or final disposition is made.
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1		HEALTH DEPARTMENT				
240	BIRTH NO. 72 (17460 CERTIFICA	TE OF DEATH				
death death eased n the Such	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH STATE OF MARYLAND-D				
-000	(Type or Print) MISKELLY, CALVIN THOMAS SR.	8-2-72 6:15 A. M.				
of of	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)				
hospita use of ; (5) Dec dance o death.	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	MARYLAND CITY 2633				
ס פינים	INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?				
in c caus caus atter	Veterans Administration Hospital 3900 Loch Raven Blvd.	BAITIMORE YES NO DE STREET AND NUMBER				
D.=_ L .	Baltimore, Md. 21218	3534 Pelham Avenue				
o d d d	5. SEX 6. RACE 7. MARRIED X NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Days Hours; Min. 1-21-20 52				
occu ontri ermi regu is m	MALE WHITE WIDOWED DIVORCED	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
or condete	TOA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) ATMCO Steel Technician Industry	Baltimore, Maryland U. S. A.				
de Consider	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
irect (4) h w dispo	Chester F. Miskelly	Katharine Meehan				
ind ind eat eat	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Medical Records				
ssiss that definition	YES 7/30/45 to 8/8/46 165 12 69 84	VA Hospital, Baltimore, Md. 21218				
his as Iso, if of any unced tenda	DISEASE OF CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
Also Also e of noun atte	LEADING TO DEATH	JSE CARDIAC ARREST				
0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -	(This does not meen the mode of dying, e.g., heart foilure, osthenio, etc. Il meens the disease,	A CONSEQUENCE OF:				
P P C P C	injury or complication which coused death.)					
fra fra	ANTECEDENT CAUSES (8) CON	GESTIVE HEART FAILURE 1 year				
x A A A P I Le Le Le Le Le Le Le Le Le Le Le Le Le	DISEASES OR CONDITIONS, il ony, giving DUE TO, OR AS	A CONSEQUENCE OF:				
S G	uise to the obove couse (A) stoting the UNDERLYING CONDITION lost. (C)	ASCVD				
ica ial cia ain	11					
medical edical burns; hysician n was remai		BETES MELLITUS 20 YEARS				
A Cia	U 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSTDERED IN CERTIFYING CAUSES OF DEATH?				
chief a n Body the p ysicie	NONE WAS PERFORMED					
phe for for	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or contributing CAUSE OF home, farm, foctory, street, o	in or obout 21C. WHERE DID (If in Boltimore City, give exoct location) ffice bldg., INJURY OCCUR?				
No de de	O DEATH (notify medical examiner)					
ved by hospite nature; ept wh d (6) Nained b	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
oved b host cept cept ain (6	(APPROX.) While At Work Not While At Work					
5 5 × E to	22. I certify that (y) (this hospital) attended the deceased from	7-11 19 72 10 8-2 19 72				
000.0	that (1) (we) lost sow the deceased alive on	19_72ond that in (m/y) (our) opinion death occurred on the date				
00	and hour and from the courses stated above (1) (We) (did) (did hat)					
ust be gased dent lospit deat must	23A. SIGNATURE	238. DATE SIGNED				
must eleas ccide hos to da	MAMI MOLOS DISTORY Phy	ending Med. Staff Staff Staff Staff Staff Sec. 8-2-72				
0000	DEGREE DEGREE	23D. ADDRESS				
as as or or or or	JOHN W. BICTZER, M. D.	VA Hospital Rolto Md 27078				
A P	DEGREE	VA Hospital, Balto., Md. 21218 EMATORY 24D. LOCATION (City, town, or county) (Stote)				
certificat body was vs. (1) An D.O.A. at ased pric	REMOVAL (Specify)					
w w w	Burial 8/5/72 Gardens of Fai					
This certificate muthe body was releshows: (1) An accidental was D.O.A. at a hudeceased prior to written approval	AUG 7 1972 Sylvay September 1258. NAME OF REGISTRAR	Schimunek Funeral Home, Inc.				
4 4 7 0 7	VS 150-REV. 1/1/6B	3331 Brehms Lane				



etermined cause; (5) Deceased or contributing cause prior in regular deceased (4) Und SDM approved by the chief medical examiner or his assistant if FUNERAL DIRECTOR: IMPORTANT death attendance on kind; (3) A fracture of any where the physician who pronounced Also, examiner. regular No physician was in burns; shows: (1) An accident of any nature; (2) Body the body was released to the hospital deceased prior to death); and (6) written approval must be obtaine D.O.A. at a hospital (except This certificate must be

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Such

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attendance

of death **L**O

a hospital

	BALTIMORE CIT	Y HEALTH DEPARTMENT	(N°1404
		ATE OF DEATH REG. NO. STATE OF	MARYLAND=DHMH
	1. NAME OF DECEASED (Type or Print) BENNING TON Mrs. MARY		1 12:25 P.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRÓNOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution	u residence befare admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION	C. CITY OR TOWN D. INSIDE CIT	Y LIMITS?
	Church Home & Hos pital	e. Street AND NUMBER YES	
90	100 North propolivays!	1916 GOUGH- St. 2	1231.
s ma	5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	2/11/22 lost birthdoy 50 Month	nder 1 Yr. II Under 24 Hrs. hs Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even il relired)	11. BIRTHPLACE (Stolo or loroign country)	ITIZEN OF WHAT COUNTRY?
	Helper H & S Bakery	Baltimore, Md.	
dell	· Harry Hawkins	14. MOTHER'S MAIDEN NAME Z Kathleen Barre	tt
3	15. Was Doceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wer or dates of service) 16. SOCIAL SECURITY NO. 7	17. INFORMANT 3012 Mayfield Ave	
	18. 4/00 2 1 CAUSE OF DEAT	Michelle L. Aoulter, neic	e,
3	DISEASE OR CONDITION DIRECTLY Hybert	ension Encepholopothy	BETWEEN ONSET AND DEATH Lucal Offi
	(This does not meen the mode of dylng, e.g., heart failure, osthenia, etc. It means the disease,	A CONSEQUENCE OF:	Jan marie ora
	Injury or complication which caused death.) ANTECEDENT CAUSES Mal	liquant Hyperturion	year.
3	DISEASES OR CONDITIONS, il any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	A CONSEQUENCE OF:	
	194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED	20A AUTOPSY? (Yes) or No.) 20B, IF YES, WERE FINDING IN CERTIFYING CAUSES O	S CONSIDERED F DEATH?
2	OR CONTRIBUTINO CAUSE OF DEATH (notify medical examined) 21E. PLACE OF INJURY (e.g., independent of the contribution of the c	n or Sout 21C. WHERE DID (If in Boltimore City, s flice oldg., INJURY OCCUR?	live exact location)
	21D. TIME (Month) (Doy) (Year) (Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR	

OF INJURY 8 While At Work Not While At Work (APPROX) 22. I certify that (1) (this hospital) attended the deceased from 30 July 31 72 that (1) (we) lost saw the deceased alive on July and that In(my) (our) apinion death accurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SKINATURI Attending Phys. Med. Director 4 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 0 0 AG DEGREE 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) CEMETERY OF CREMATORY 24D. LOCATION (City,

Redeemer Cemetery

VS 150-REV. 1/1/68

Burial

25A. DATE

UG

8/3/72

Holy

25C FUNERAL DIRECTOR
Schimunek Funeral Home,
3331 Brehms Lane

Baltimore, Md.

town, or county)

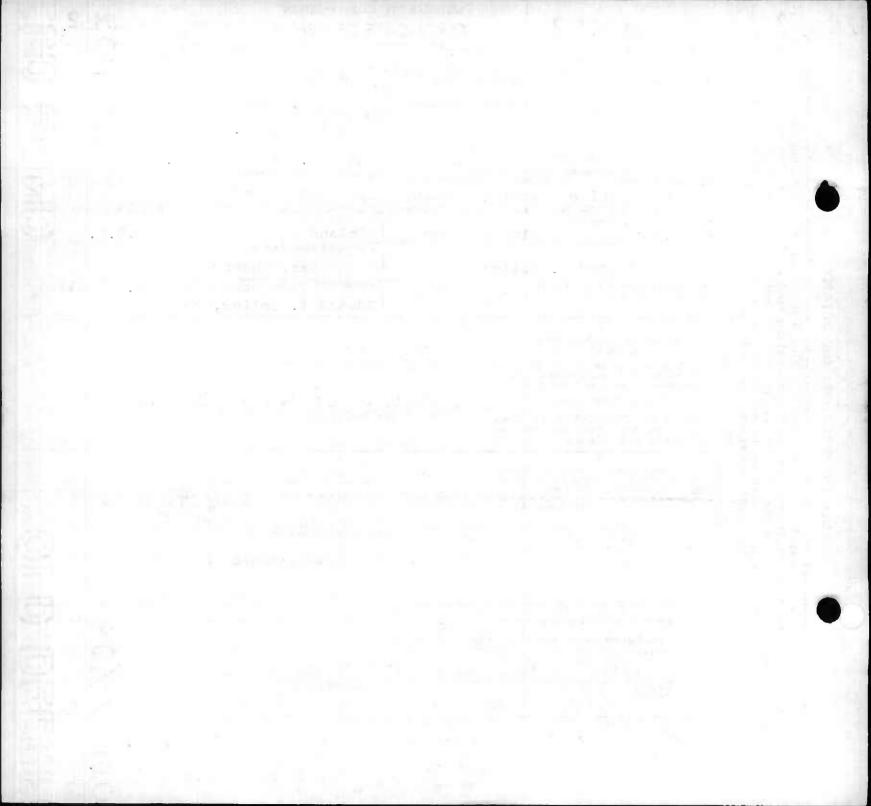
ADDRESS

(State)

54 Ac

. ave a collection of the

	A TE OF DEATH REG. No. 72 17462
BIRTH NO.	STATE OF MARYLAND DIE
	AWAPA LATER AND AUGUST DEATH OF DEATH O
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If Institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Md. 21224 C. CITY OR TOWN D. INSIDE CITY LIMITS?
INSTITUTION	Baltimore, Md. YES NO
37 MERCY HOSPITA	E. STREET AND NUMBER - XX 8 N. Highland Ave.
	3 & DATE OF BIRTH 9. AGE (in years 1 II Under 1 Yr. If Under 24 Hrs.
female white widowed \ DIVORCED	2/6/1903 69
done during most of working life, even if settred)	
<u> </u>	Poland U.S.A.
	Mary Wheary
	17. INFORMANT 9406 Dana Vista Rd. ADDRESS 21236
1183, no of unknown) by yes, give war of odies of section 5560KH RO.	Edward 1. Colley, brother
18. 5 19 3 1 CAUSE OF DEA	TH APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	chopromais days
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease.	S A CONSEQUENCE OF:
Injury or compilication which caused death.)	rictive Pulmonery Disease Year
(0)	AS A CONSEQUENCE OF:
rise to the above cause (A) stating the UNDERLYING CONDITION last, (C)	
- 11	
O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL POISEASE OF CONDITION GIVEN IN PART 1 (A).	hed ASCVD
	20A AUTOPSTE (104 of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFIING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.	in or obgy/21 C. WHERE DID (I/ In Boltimore City, give exact locotion)
OR CONTRIBUTING CAUSE OF Shome, form, factory, sheet,	office blogs INJURY OCCUR?
210-TIME (Month) (Doy) (Year) IHoun 21E INJURY OCCURRED	215 HOW DID INJURY OCCUR?
Work At Wo	* L'
	19 72 and that In(my) (our) opinion death occurred on the date
mor (i) (we) iosi saw ine deceased citre on	
23A. SIGNATURE	23B. DATE SIGNED
lour live MD DEGREE P	Hending Med. Director Steff Phys. 7/30/1
T	Mercy Hospital, Baltimore, MD
Burial 8/3/72 Lorraine Par	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR ADDRESS
add lole / -/-	Schimunek Funeral Home, Inc.
	BIRTH NO. 1. NAME OF DECEASED (Type of Print) 3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSTITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) BY SEX FEMALE 1. NEVER MARRIED



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

- 13P3	100		BALTIMORE CIT	HEALTH DEPARTMENT		and the second	W 100	
72 U7	403	0	CERTIFICA	TE OF DEATH	REG. NO		17463	
1. NAME OF DECEASED	CLINT	ON ELL			NO HOUR OF DEATH	TATE OF	*:55 F	D≥DH
3. PLACE IN BALTIMORE	NOT IN HOSPITAL	OR INSTITUTIO		A USUAL RESIDENCE (Whe A STATE COUN MARYLAND	re deceased lived. If	institution; resid	dence before	admission!
HOSPITAL OR A	DDRESS OR LOCATION	ON)		C.CITY OR TOWN BALT I MORE	D. IN	SIDE CITY LIMIT	T5?	
-4-3	S HOPKINS	0		E. STREET AND NUMBER 4833 WRIGHT	AVE.			
	HITE V	VIDOWED	NEVER MARRIED DIVORCED	9-21-98	9. AGE (In years lost birthdoy) 73	If Under 1 Months Do	Yr. If Und	er 24 Hrs. Min.
done during most of working to retired-lab	life, even if refired)		City.	Bal timore,		12. CITIZEN	OF WHAT	COUNTRY
3. FATHER'S NAME CHARLE	S ELLIOTT			14 MOTHER'S MAIDEN NAM	ME			
5. Was Deceased Ever in Yes, no or unknown) (If yes,	U. S. Armed Forces	service) 16.	SOCIAL SECURITY NO.	17. INFORMANT		AI	DDRESS	
	ny WW2		-22-5629	Catherine K	utsner El	liott,	wife,	above
DISEASES OR CO	e cause (A) sk DITION last. II CONDITIONS CONTR	IBUTING	(B) DUE TO, OR AS	A CONSEQUENCE OF:				000000000
OTHER SIGNIFICANT OF TO THE DEATH BUT IN DISEASE OR CONDITION 19A. DATE OF OPERAL 21A. ACCIDENT WAS	198 CONDITI	ON FOR WHIC	CH OPERATION	20 A. AUTOPSY? (Yes or No.	208. IF YES, WERE	FINDINGS CO	NSIDERED	
OR CONTRIBUTING	UNDERLYING DE CAUSE OF examines	21B. PLA home, fe etc.)	CE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If In Boltimo	re City, give ex	roct location)	
210-TIME (Month) OF INJURY (APPROX.)	(Day) (Yeorl (H	While A	Not While	21F. HOW DID INJU	URY OCCUR?			
22. I certify that (I) that (I) (we) lost so) (this hospital) as w the deceased a	itended the d	eceased from	3/1 10 1 19 72 ond the	9 to)	14 25	19	7° the dote
				lew the body after death.				
Rober &	medman		DEGREE Phys	. L Director L	Staff Phys.	S Z	7 Z	
23C. PHYSICIAN'S NAME (Typel	ROBERT FR	IEDMAN	M.D.	THE JOHNS	HOPKINS H	OSPITA	L.	y g
AA. BURIAL CREMATION REMOVAL (Specify)	, 248, DATE	24C, NAME	er CEMETERY of CRE			ity, town, or co	ounty)	{Stote}
Burial	8/5/72			Mausoleum	Baltimor	e, Md.		
AUG 7 1972	LITH DEPT. 25E	NAME OF RI	EGISTRAR	Schimunek 18381 Br	Funeral Hehms Lame	lome, I	ADDRESS	
150-REV. 1/1/68			A					

TTDI

TITLE THE SECOND SECTION OF MANAGEMENT SECTIONS

. It should be the property of the party of the second

4-1	1	5	1	-	1	
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A tracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.

		BALTIMORE C	ITY HEALTH DEPARTMENT		E9 074C4
	72 (174)	64 CERTIFIC	ATE OF DEATH	REG. NO	72 07464
BIRTH NO.		CERTIFIC		AND HOUR OF DEAT	OF MARYLAND DHMH
(Type or Print)		egina Agatha	a	must 2	1972 8:00 P N
3. PLACE IN	BALTIMORE MARYLAND,	WHEN PRONOUNCED DEAD	A. STATE B. CO	Vhere deceased lived. If	(institution: residence before admission)
HOSHTAL O	Modelss of ros	ALOR INSTITUTION, GIVE STREET	C. CITY OR TOWN	D. If	NSIDE CITY LIMITS?
1.1	H. V.	Hospitat NUC	BALTIMORE		YES X NO
Johns	Supplier	8-22-	E. STREET AND NUMBE	onument St	
S. SEX	6. RACE	17	3007 E. M		
female	white	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	4/6/1908	9. AGE (In years last birthday) 64	Months Days Hours Min.
OA. USUAL C	CCUPATION (Give kind of wo	TIOR KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State of	foreign country!	12 CITIZEN OF WHAT COUNTRY
Sales	at of working life, even if retired)	Hutzler Bros.	Dolltimou.	36.1	
13. FATHER'S		nutziel Blos.	Baltimore 14. MOTHER'S MAIDEN	NAME	
	George K	rieger	unknor	Rosa Ki	idd
5. Wes Dece Yes, no of unkn	seed Ever is U.S. Armed Fortown) (If yes, give war or date		17. INFORMANT	Herrmann	ADDRESS
		220-38-5149		Hersenau.	nusband above
18. 2 4	0.91	CAUSE OF DE	Ath		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	SEASE OR CONDITION D				
	LEADING TO DEATH	/AYIMMEDIATE (CAUSE Myocard	ial Intar	ction 16 hrs.
This do	es not mean the mode of ure, asthenia, etc. It mean	dying e.g. Due to OP	AS A CONSEQUENCE OF:		
injury or	complication which cause	d death.)	,		1 1000
	ANTECEDENT CAUSE	S)	.L. M.11	1 0	10 411
DICEACE		(B) 1100	AS A CONSEQUENCE OF:	tus	
	S OR CONDITIONS, if	41.77	A A CONSEQUENCE OF		
	YING CONDITION last.	(c)			
	11				
OTHER SIG	CHIFICANT CONDITIONS CO	ONTRIBUTING			
OTHER SIG	DEATH BUT NOT RELATED TO DR CONDITION GIVEN IN PA	THE TERMINAL			
19A-DATI	OF OPERATION 1198, COL	NOTION FOR WHICH OPERATION LIPORMED	20A. AUTOPSYZ (Yes a	No) 208 IF YES WEE	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONT	CIDENT WAS UNDERLYING TRIBUTING CAUSE OF notify medical examined	218 PLACE OF INJURY (e. home, farm, factory, street, etc.)	office bldg. INJURY OCCUP) (Il in Boltin	more City, give exact location)
21D.TIMI	(Month) (Day) (Year	(Houd 21E INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
(APPROX.		White At Not V	Vhile		
		Work L. At W			
22. i cer	tify that (I) (this hospita	il) attended the deceased from 9	lyust 2	_19 72 to_/	4 ugust 2 19 72
that (1)	(we) last saw the deceas	ed allve on august -	19 72 and	that in (my) (our) o	optnion death accurred on the dat
1		sted above. (1) (We) (did) (did not			
23A. 5IGN		ned obove; (i) (we) (did) (did not	/ view the body after ded	Me	23B, DATE SIGNED
1/	20 1		Attending Med.	1 Stoff FCR	
Hau	My K. Jarol	DEGREE	Phys. Director L	Steff Phys.	august 2, 197
23C. PHYS	AE (Type)		23D. ADDRESS Apt	, 511	0
HAR	RY R. JACOBS	ON, M.D.	550 NB	roadway 1	But Md 21200
24A. BURIAL	CREMATION, 248. DATE	24C. NAME of CEMETERY or	CREMATORY 241		1City, town, or county) (State)
REMOV	AL ISpecify)				
				Baltimor	de, Md.
	EC'D BY HEALTH DEPT.	258, NAME OF REGISTRAR	Schimung		ADDRESS
AUG7	1972 Duly	w 1227 2 0 0	3331	Rrehms La	Home, Inc.
VS 150-REV.	1/1/68	THE OFFICE AND ADDRESS OF THE PARTY OF THE P			

8-22-1972 - Correction form from Funeral Home, Schimunek Funeral Home, Inc., Balto., Md. by Hilda S. Rodgers, Secy. HRS

		BALTIMORE CITY	HEALTH DEPARTMENT		-) NITACS
72 6746	35	CERTIFICA	TE OF DEATH	REG. NO.	72 07465
BIRTH NO.			2 DATE AND	HOUR OF DEATH	OF MARYLAND DHMH
(Type or Print) .	FLVIN C		AUG		72 2.15PM M
3. PLACE IN BALTIMORE, MARYLAND	ELVIN G.	DUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If ins	titution: residence before odmission)
			MD. BALTO		1-2 m
HOSPITAL OR ADDRESS OR L	SPITAL OR INSTI	TUTION, GIVE STREET		•	OF CITY LIMITED
INSTITUTION	ACNEC	IO COTA I	C. CITY OR TOWN HALETH	ORPE D. INSIL	YES NO X
Uto SI.	AGNES H	HUSPIAL	E. STREET AND NUMBER		TES NO M
1				TON DIVID	BALTO MD 2122
5. SEX 6. RACE	7. AA A DDIEF	NEVER MARRIED	B DATE OF BIRTH 9	TON BLVD.	If Under 1 Yr., If Under 24 Hrs.
	MIDOMET		10-25-06	st birthdoy 65	Months Doys Hours Min.
MALE ICAUCAS IA	WIDOWEL			country)	12. CITIZEN OF WHAT COUNTRY
lone during most of working life, even if retir	red)			Coomiy	
ETIREDGROCER	Self I	Employed	MARYLAND		UNITED STATES
3. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
CHARLES SLACUM			ANNIE SLACUM	(NAVY)	
5. Wos Deceosed Ever in U. S. Armed	d Forces?	1 6. SOCIAL	17. INFORMANT	VATON AV	ADDRESS
Yes, no or unknown) (If yes, give wor or	dotes of service)		ST.AGNES HOSE		
No		212074155A		TIAL RECU	APPROXIMATE INTERVAL
		(B)	100 101/1		
DISEASES OR CONDITIONS, rise to the above couse UNDERLYING CONDITION last.	(A) stoting the	e (C)	ACONSEQUENCE OF:		
rise to the above couse UNDERLYING CONDITION last.	(A) stoting the	(C)			
rise to the above couse UNDERLYING CONDITION last.	CONTRIBUTING TO THE TERMINAL PART 1 (A). CONDITION FOR PERFORMED	(C)	20A. AUTOPSY? (Yes or No)		INDINGS CONSIDERED SES OF DEATH?
vise to the above couse UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN 19A. DATE OF OPERATION 19B. WAS 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exprised)	CONTRIBUTING TO THE TERMINAL I PART 1 (A). CONDITION FOR PERFORMED	WHICH OPERATION B. PLACE OF INJURY (e.g., i me, form, foctory, street, o)	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FI	INDINGS CONSIDERED SES OF DEATH? City, give exoct location)
TISE to the above couse UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN 198. DATE OF OPERATION 198. WAS OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	CONTRIBUTING TO THE TERMINAL 1 PART 1 (A). CONDITION FOR PERFORMED 21 ho et (Hour) 21	WHICH OPERATION B. PLACE OF INJURY (e.g., i me, form, foctory, street, o)	20A. AUTOPSY? (Yes or No) NO n or obout 21C. WHERE DID fice bldg., INJURY OCCUR? 21F. HOW DID INJUI	20B. IF YES, WERE FIN CERTIFYING CAU (If in Boltimore	SES OF DEATH? City, give exoct location)
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TISE to the above couse UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN 19A. DATE OF OPERATION 19B. WAS 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (YOF INJURY (APPROX.) 22. I certify that (I) (this has; that (W. we) last saw the decorand haur and from the causes	(A) stoting the CONTRIBUTING TO THE TERMINAL I PART I (A). CONDITION FOR PERFORMED 10 21 ho et (CONDITION FOR PERFORMED) 11 21 www. 12 21 www. 13 21 21 21 21 21 21 21 21 21 21 21 21 21	WHICH OPERATION B. PLACE OF INJURY (e.g., ime, form, foctory, street, of c.) E. INJURY OCCURRED (hile At	20A. AUTOPSY? (Yes or No) NO n or obout 21C. WHERE DID fice bldg., INJURY OCCUR? 21F. HOW DID INJUI 19 19 72 and that liew the bady after death.	208. IF YES, WERE FIN CERTIFYING CAU (If in Boltimore RY OCCUR? 72 to AUGUS in (my) (our) apin	City, give exact location) T 3 19/2 ion death accurred an the data
NOTION IN THE CONTROL OF THE PROPERTY OF STATE OF PROPERTY OF STATE OF STAT	(A) stoting the CONTRIBUTING TO THE TERMINAL I PART I (A). CONDITION FOR PERFORMED 10 21 ho et (CONDITION FOR PERFORMED) 11 21 www. 12 21 www. 13 21 21 21 21 21 21 21 21 21 21 21 21 21	WHICH OPERATION B. PLACE OF INJURY (e.g., ime, form, foctory, street, of c.) E. INJURY OCCURRED (hile At	20A. AUTOPSY? (Yes or No) NO n or obout 21C. WHERE DID ffice bldg,, INJURY OCCUR? 21F. HOW DID INJUI ULY 10 19 19 72 and that fiew the bady after death.	208. IF YES, WERE FIN CERTIFYING CAU (If in Boltimore RY OCCUR? 72 to AUGUS in (my) (our) apin	SES OF DEATH? City, give exect location) 19/2 ion death accurred an the dat 238. DATE SIGNED 8-3-7-2
TISE to the above couse UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN 19A. DATE OF OPERATION 19B. WAS 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (YOUTH (APPROX.) 22. I certify that (A) (this has perfectly that (N) (we) last saw the decount haur and from the causes 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) DONATO A. VAF	CONTRIBUTING TO THE TERMINAL I PART I (A). CONDITION FOR PERFORMED NG 21 ho et Geof) (Hour) 21 W pital) attended eased alive an. stated abave. CATGAS RGAS, JR	WHICH OPERATION B. PLACE OF INJURY (e.g., ime, form, foctory, street, of c.) E. INJURY OCCURRED (hile At	20A. AUTOPSY? (Yes or No) NO n or obout 21C. WHERE DID fice bldg., INJURY OCCUR? 21F. HOW DID INJUI 19 19 72 and that liew the bady after death.	208. IF YES, WERE FIN CERTIFYING CAU (If in Boltimore RY OCCUR? 72 to AUGUS in (my) (our) apin	SES OF DEATH? City, give exect location) 19/2 ion death accurred an the data 238. DATE SIGNED 8-3-7-1 1229
TISE to the above couse UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITION STOTHE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN 19A. DATE OF OPERATION 19B. WAS 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (YOUTH (APPROX.) 22. I certify that (N) (this has that (N) (we) last saw the decomposition of the couses and haur and fram the causes 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) DONATO A. VAF	CONTRIBUTING TO THE TERMINAL I PART I (A). CONDITION FOR PERFORMED NG 21 ho et Geof) (Hour) 21 W pital) attended eased alive an. stated abave. CATGAS RGAS, JR	WHICH OPERATION B. PLACE OF INJURY (e.g., imme, form, foctory, street of c.) E. INJURY OCCURRED While At At Work The deceased from AUGUST 3 XI) (We) (did) (Mix 100) At the company of the company o	20A. AUTOPSY? (Yes or No) NO n or obout 21C. WHERE DID fice bldg,, INJURY OCCUR? 21F. HOW DID INJUR 19 72 and that riew the bady after death. Inding Med. S. Director P. 23D. ADDRESS BALTIMO	208. IF YES, WERE FIN CERTIFYING CAU (If in Boltimore RY OCCUR? 72 (AUGUS) in (MY) (Aur.) apin Off. (X) RE, MD. 2 GNES) CAT	SES OF DEATH? City, give exect location) 19/2 ion death accurred an the data 238. DATE SIGNED 8-3-7-1 1229
TISE to the above couse UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN 19A. DATE OF OPERATION 19B. WAS 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (nofify medical examiner) 21D. TIME (Month) (Doy) (YOU) (APPROX.) 22. I certify that (I) (this hase that (V) (we) last saw the decomposition of the couses 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	CONTRIBUTING TO THE TERMINAL I PART I (A). CONDITION FOR PERFORMED 10 10 10 10 10 10 10 10 10 10 10 10 10	WHICH OPERATION B. PLACE OF INJURY (e.g., ime, form, foctory, street, of c.) E. INJURY OCCURRED While At At Work The deceased from AUGUST 3 XI) (We) (did) (Yik) (6)) VAINED DEGREE Phy	20A. AUTOPSY? (Yes or No) NO n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJUI ULY 10 19 19 72 and that fiew the bady after death. Inding Med. S. Director Pi 23D. ADDRESS BALTIMO ST HOSPITAL (AC	(If in Boltimore RY OCCUR? TO AUGUS IN (MY) (QUE) apin RE, MD. 2 GNES) CAT CATION (City	SES OF DEATH? City, give exoct locotion) T 3 1972 ion death accurred an the date 238. DATE SIGNED 8-3-7-1 1229 ON & WILKENS AV

VS 150-REV. 1/1/6B

TATELONE BELLEVA ... TZ CVYALL SUBJECT OF THE A CONTRACTOR OF THE PARTY OF TH DACTIMORE, W. 21229 O DHATO A. VARGES, JR. ST HOSPITAL (AGRET) CATOM S WILKEND he and to this hate we ill be

VS 150-REV. 1/1/68

72	07466	
	(

BALTIMORE CITY HEALTH DEPARTMENT

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The second second	REG.

72-	(-	7	4	6	6

110.	CATE OF DEATH TREG. NO.	
NAME OF DECEASED	2. DATE AND HOUR OF DEA	HOF MARYLAND DHUH
Leona L. Milton	7/30/72	6:40 pmm.
L PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. I	f institution: residence before dimission)
ULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION	Maryland Baltimore	5300
NSTITUTION		NSIDE CITY LIMITS?
Baltimore City Hospitals	BALTIMORE	YES NO TK
4940 Eastern Avenue	E. STREET AND NUMBER	
Baltimore, Maryland 21224	1 Bluebird Lane 21221	
Female Caucasian 7. MARRIED NEVER MARRIED DIVORCED DIVORC	8. DATE OF BIRTH 9. AGE (in yeors lost birthday)	Months Doys Hours Min.
DA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLA CE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
one during most of working life, even if refired)		
HOUSEWIFE 3. FATHER'S NAME	MARYLAND	U.S.A.
STEDHAN GRABOWSKI		
	BERTHA SZYMAN	SKI
es, no or unknown) (II yes, give war or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	BCH Records 4940 Eastern	Ave. 21224
18. CAUSE OF DE	ATH O / O /	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	Renal failure of	BETWEEN ONSET AND DEATH
LEADING TO DEATH	AUSE He patorend sundros	me
IThis does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	AUSE TO PAYOR ENDERON	***************************************
injury or complication which caused death.)		
ANTECEDENT CAUSES	CIVER failure	
DISEASES OR CONDITIONS, il any, giving DUE TO, OR	AS A CONSEQUENCE OF:	******************************
The content of the co	alcoholic hepatitis	
UNDERLYING CONDITION last. (C)	encourie ou present is	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B- CONDITION FOR WHICH OPERATION WAS PERFORMED		
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES. WE	RE FINDINGS CONSIDERED
WAS PERFORMED	NO IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.	office bldg., INJURY OCCUR?	nore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hand 21E IN 1112Y OCCUPAND)	21F. HOW DID INJURY OCCUR?	
	hile T	
11012 — A1 110	rk	
22. 1 certify that (IX(this hospital) attended the deceased fram	6-26 1972 to	7-30 1972
that (1) (we) lest saw the deceased alive on	19 7 Z and that In (my) (our)	pinian death accurred on the date
and haur and fram the causes stated above. (1) (Wa) (did) (did nat)	view the bady after death.	
23A. SIGNATURE		23 B. DATE SIGNED
buhut G. Markhy 4. D. D.	Hending Med. Staff	2/2/-
23C. PHYSICIAMS	hys. Director Phys.	1/10/72
NAME (Type)	4	1940/Eastern Ave.
	Baltimore City Hospitals E	
RIMOVAL (Specily) 248. DATE 24C. NAME of CEMETERY of C	REMATORY 24D. LOCATION	City, town, or county) (Stole)
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
GURIAL 0/3/72 HOLY NOSARY	CEMETERY BALTIMO	
	EMETERY BALTIMO	

And pulper of age in legal to

l								
BII	RTH NO.			CERTIFICA	TE OF DEATH	REG. N	0	07467
1.8 (Iv	NAME OF DEC	CEASED			2. DATE	AND HOUR OF &	MIE OF	MARYMAND DH
		Connad B. GALLIMORE MARYLAND, W	едоли		4. USUAL RESIDENCE			
3.	PLACE IN BAI	LTIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	A. STATE B. CO	Where deceased live	. Il institution:	residence belore admis
FU	JLL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	m			2201
IN	ISTITUTION	ADDRESS OR LOCA	ATION)		c. CITY OR TOWN	D	. INSIDE CITY	LIMITS?
,	100 00	0 6 61 1.1	11 C.		Balto.		YES	NO [
Ç	27	0 E. Churchil	1 Street	t	E. STREET AND NUMBE			
5	SEX	/ 24.05			210 E. Chur	chill Stre	<u>et</u>	
		6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	if Uni Month	der 1 Yr. If Under 24 si Doys Hours M
10/	Nale	White	WIDOWED [DIVORCED	3-28-1917 11: BIRTHPLACE (Stote of	EE		
dor	ne during most of	working lile, even if refired)	LIUK KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of	foreign country)	12. CI	TIZEN OF WHAT COU
1	Housepai	nter			W. Va.			USA
13.	FATHER'S NA	ME			14. MOTHER'S MAIDEN	NAME		
1	Vewton G	Menonu			Viola (Grave)		
15. (Ye	Wos Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT	Jugare /		ADDRESS
5	4.4	in yes, give wor or dote	a of selvice)	SECURITY NO.	M C C	. 0		11 1.
	No. 118.			CAUSE OF DEAT	Mary E. Greg	ony -wife-	same a	# 4
	100	SE OR CONDITION DI	DECTI V	AND DEAT	Mary E. Greg For fatic	61.6.	4.4	BETWEEN ONSET AND
	DISEA	LEADING TO DEATH	VECIFI		ISE of the	caran	our	
	1This does n	not meon the mode of asthenio, etc. it means	dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	- 61		*
	injury at con	asinemo, erc. it means	me disease,					II.
		thusanen amen enesed	deam.)					1
		ANTECEDENT CAUSES		400				
	DISEASES C	ANTECEDENT CAUSES	any, giving	(B)	A CONSEQUENCE OF:	***********************		
	DISEASES C	ANTECEDENT CAUSES OR CONDITIONS, if	any, giving		A CONSEQUENCE OF:	**************************************	***************	
	DISEASES O	ANTECEDENT CAUSES OR CONDITIONS, il de abave cause (A) G CONDITION (ast.	any, giving slaling the	(B) DUE TO, OR AS	A CONSEQUENCE OF:			-
NO	DISEASES O	ANTECEDENT CAUSES OR CONDITIONS, il de abave cause (A) G CONDITION (ast.	any, giving slaling the		A CONSEQUENCE OF:			
ATION	DISEASES O	ANTECEDENT CAUSES OR CONDITIONS, il de abave cause (A) G CONDITION (ast.	any, giving slaling the		A CONSEQUENCE OF:			
FICATION	DISEASES O	ANTECEDENT CAUSES OR CONDITIONS, il de abave cause (A) G CONDITION (ast.	any, giving slaling the	(C)	A CONSEQUENCE OF:	No) 208, IF YES, V	VERE FINDING	S CONSIDERED
ERTIFICATION	DISEASES O	ANTECEDENT CAUSES OR CONDITIONS, il de abave cause (A) G CONDITION (ast.	any, giving slaling the	(C)		No) 208, IF YES, W	VERE FINDING	S CONSIDERED DEATH?
CERTIFICATION	DISEASES O	ANTECEDENT CAUSES OR CONDITIONS, il de abave cause (A) G CONDITION (ast.	any, giving slaling the	(C)	20A. AUTOPSY? (Yes or	IN CERTIFYING		S CONSIDERED DEATH?
CAL CERTIFICATION	DISEASES O	ANTECEDENT CAUSES OR CONDITIONS, il de abave cause (A) G CONDITION (ast.	any, giving slaling the	(C)		IN CERTIFYING		
EDICAL CERTIFICATION	DISEASES O	ANTECEDENT CAUSES OR CONDITIONS, il de abave cause (A) G CONDITION (ast.	any, giving slaling the	PLACE OF INJURY (e.g., I., of orm, foctory, street, of	20A. AUTOPSY? (Yes or n or about 21C. WHERE DIE fice bidg., INJURY OCCUR	IN CERTIFYING		
MEDICAL CERTIFICATION	DISEASES O	ANTECEDENT CAUSES OR CONDITIONS, il de abave cause (A) G CONDITION (ast.	any, giving slaling the	PLACE OF INJURY (e.g., I., of orm, foctory, street, of	20A. AUTOPSY? (Yes or n or about 21C. WHERE DIE fice bidg., INJURY OCCUR	IN CERTIFYING		
	DISEASES OF THE PROPERTY OF THE DEAT DISEASE OF CONTRIBUTION OF THE DEAT DISEASE OF CONTRIBUTION OF THE DEATH INDIFFY (APPROX.)	ANTECEDENT CAUSES OR CONDITIONS, il e abave cause IA) G CONDITION last. FICANT CONDITIONS COI H BUT NOT RELATED TO THE ONDITION GIVEN IN PAR OPERATION IN PAR OPERATION WAS PERF NT WAS UNDERLYING ITING CAUSE OF medical examines) (Month) (Day) (Year)	any, giving slaling the NTRIBUTING HE TERMINAL I 1 (A). DITION FOR WORMED 21B., home etc.) (Hour) 21E, Whill Work	PLACE OF INJURY (e.g., I, form, foctory, street, of INJURY OCCURRED e At Not While At Work	20A. AUTOPSY? (Yes or n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR	IN CERTIFYING	lilmore City, gi	ive exoct location)
	DISEASES CONTROL OTHER SIGNIFTO THE DEAT DISEASE OR CONTRIBUTED TO THE DEAT DISEASE OR CONTRIBUTED THE DEATH INDUSTRY (APPROXI)	ANTECEDENT CAUSES OR CONDITIONS, il e abave cause IA) G CONDITION last. FICANT CONDITIONS COI H BUT NOT RELATED TO THE ONDITION GIVEN IN PART OPERATION 179R. CON WAS PERF NT WAS UNDERLYING 171NG CAUSE OF medical examines (Month) (Day) (Year)	any, giving slaling the NTRIBUTING HE TERMINAL I 1 (A). DITION FOR WORMED 21E, Whill Work	PLACE OF INJURY (e.g., I, form, foctory, street, of INJURY OCCURRED e At Not While At Work	n or obout 21C. WHERE DID fice bidg., INJURY OCCUR	IN CERTIFYING	Cu J	ive exoct location)
	DISEASES CONTRIBLE OF INJURY (APPROX.) DISEASE OR CONTRIBL DEATH Inotify 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we)	ANTECEDENT CAUSES OR CONDITIONS, il e abave cause IA) G CONDITION last, II EICANT CONDITIONS COI H BUT NOT RELATED TO TO ONDITION GIVEN IN PAR OPERATION 198. CON WAS PERF OTT WAS UNDERLYING UTTING CAUSE OF medical examines (Manth) (Doy) (Year) that (I) (this hospital last saw the decease	any, giving slaling the NIRIBUTING HE TERMINAL I 1 (A). DITION FOR WORMED (Hous) 21E, Whill Work) attended the	(C)	20A. AUTOPSY? (Yes or n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR 21F. HOW DID	IN CERTIFYING (If In Bo INJURY OCCUR? 1972 ta_ that In(my) (our)	Cu J	ive exoct location)
	DISEASES CONTRIBUTION TO THE DEAT DISEASE OR CONTRIBUTION TO THE DEAT DISEASE OR CONTRIBUTION TO THE DEATH Inotify 21 D. TIME OF INJURY (APPROX.) 22. 1 certify that (1) (we) and haur and	ANTECEDENT CAUSES OR CONDITIONS, il e abave cause IA) G CONDITION last. FICANT CONDITIONS COI H BUT NOT RELATED TO THE OPERATION 1984. CON WAS PERF OPERATION 1984. CON WAS PERF ON WAS UNDERLYING UTTING CAUSE OF medicol exomined (Month) (Doy) (Yeor) that (I) (this hospital last saw the decease I fram the causes stat	any, giving slaling the NIRIBUTING HE TERMINAL I 1 (A). DITION FOR WORMED (Hous) 21E, Whill Work) attended the	(C)	n or obout 21C. WHERE DID fice bidg., INJURY OCCUR	IN CERTIFYING (If In Bo INJURY OCCUR? 1972 ta_ that In(my) (our)	aplnian dec	ive exoct location) 197 ath occurred on the
	DISEASES CONTRIBLE OF INJURY (APPROX.) DISEASE OR CONTRIBL DEATH Inotify 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we)	ANTECEDENT CAUSES OR CONDITIONS, il e abave cause IA) G CONDITION last. FICANT CONDITIONS COI H BUT NOT RELATED TO THE OPERATION 1984. CON WAS PERF OPERATION 1984. CON WAS PERF ON WAS UNDERLYING UTTING CAUSE OF medicol exomined (Month) (Doy) (Yeor) that (I) (this hospital last saw the decease I fram the causes stat	any, giving slaling the NIRIBUTING HE TERMINAL I 1 (A). DITION FOR WORMED (Hous) 21E, Whill Work) attended the	PLACE OF INJURY (e.g., Interpretation) PLACE OF INJURY (e.g., Interpretation) INJURY OCCURRED A 1 Work A 1 Work e deceased fram (We) (did) (did nat) v	20A. AUTOPSY? (Yes or n or obout 21C. WHERE DID flice bldg., INJURY OCCUR 21F. HOW DID 19. 7./ and riew the bady after deat	IN CERTIFYING (If In Bo INJURY OCCUR? 1970 ta_ that In(my) (our)	aplnian dec	ive exoct location)
	DISEASES Conse to the UNDERLYING OTHER SIGNIF TO THE DEAT DISEASE OR CONTRIBUTION OF INJURY (APPROX.) 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and 23A. SIGNATU	ANTECEDENT CAUSES OR CONDITIONS, il e abave cause IA) G CONDITION last. FICANT CONDITIONS COI H BUT NOT RELATED TO THE ONDITION GIVEN IN PAR OPERATION 198. CON WAS PERF NT WAS UNDERLYING UTING CAUSE OF medicol exomined (Month) (Doy) (Yeor) that (I) (this hospital last saw the decease if from the causes stat RE	any, giving slaling the NIRIBUTING HE TERMINAL I 1 (A). DITION FOR WORMED (Hous) 21E, Whill Work) attended the	PLACE OF INJURY (e.g., Information of the control o	20A. AUTOPSY? (Yes on nor obout 21C. WHERE DID fifice bidg., INJURY OCCUR.) 21F. HOW DID 19 2 and and lew the bady after deat the bady after deat director.	IN CERTIFYING (If In Bo INJURY OCCUR? 1972 ta_ that In(my) (our)	aplnian dec	ive exoct location) 197 ath occurred on the
	DISEASES Conse to the UNDERLYING OTHER SIGNIFT TO THE DEAT DISEASE OR CONTRIBL DEATH Inotify 21 D. TIME OF INJURY (APPROX.) 23 L ertify that (I) (we) and haur and 23 A. SIGNITU	ANTECEDENT CAUSES OR CONDITIONS, il e abave cause IA) G CONDITION last. FICANT CONDITIONS COI H BUT NOT RELATED TO THE ONDITION GIVEN IN PACE OPERATION 119R. CON WAS PERF NT WAS UNDERLYING UTING CAUSE OF medical examines (Month) (Day) (Year) that (I) (this hospital last saw the decease if from the causes stat RE NTS NPS NPS	any, giving stating the NTRIBUTING HE TERMINAL I 1 (A). DITION FOR WORMED (Hous) 21E, Whill Work) attended the dalive on	PLACE OF INJURY fe.g., Injury occurrent of the control of the cont	20A. AUTOPSY? (Yes or nor obout 21C. WHERE DID fisce bidg., INJURY OCCUR 21F. HOW DID 19 2/ and 1ew the bady after dear	IN CERTIFYING (If In Bo INJURY OCCUR? 1970 ta_ that In(my) (our)	aplnian dec	ive exoct location) 197 ath occurred on the
	DISEASES CONTRIBUTED TO THE DEAT DISEASE OR CONTRIBUTED TO THE DEAT DISEASE OR CONTRIBUTED TO THE DEATH INDIFFY (APPROX.) 21 A. ACCIDENT OR CONTRIBUTED THE INDIFFY (APPROX.) 22. I certify that (I) (we) and haur and approx.	ANTECEDENT CAUSES OR CONDITIONS, il e abave cause IA) G CONDITION last. II EICANT CONDITIONS COI H BUT NOT RELATED TO THE OPERATION 1982. CON ONDITION GIVEN IN PAR OPERATION 1982. CON WAS PERF INT WAS UNDERLYING UTTING CAUSE OF medicol exomined (Month) (Doy) (Yeor) that (I) (this hospital last saw the decease if fram the causes state OPERATION 1982. That (I) (this hospital last saw the decease if fram the causes state OPERATION 1982. That (I) (This hospital last saw the decease if fram the causes state OPERATION 1982.	any, giving slaling the NIRIBUTING HE TERMINAL I 1 (A). DITION FOR WORMED (Hous) 21E, Whill Work) attended the	PLACE OF INJURY fe.g., Injury occurrent of the control of the cont	20A. AUTOPSY? (Yes on nor obout 21C. WHERE DID fifice bidg., INJURY OCCUR.) 21F. HOW DID 19 2 and and lew the bady after deat the bady after deat director.	IN CERTIFYING (If In Bo INJURY OCCUR? 1970 ta_ that In(my) (our)	aplnian dec	ive exoct location) 197 ath occurred on the
	DISEASES CONTRIBUTED TO THE DEAT DISEASE OR CONTRIBUTED TO THE DEAT DISEASE OR CONTRIBUTED TO THE DEATH INDIFFY (APPROX.) 21 A. ACCIDENT OR CONTRIBUTED THE INDIFFY (APPROX.) 22. I certify that (I) (we) and haur and approx.	ANTECEDENT CAUSES OR CONDITIONS, il e abave cause IA) G CONDITION last. II EICANT CONDITIONS COI H BUT NOT RELATED TO THE OPERATION 1982. CON ONDITION GIVEN IN PAR OPERATION 1982. CON WAS PERF INT WAS UNDERLYING UTTING CAUSE OF medicol exomined (Month) (Doy) (Yeor) that (I) (this hospital last saw the decease if fram the causes state OPERATION 1982. That (I) (this hospital last saw the decease if fram the causes state OPERATION 1982. That (I) (This hospital last saw the decease if fram the causes state OPERATION 1982.	any, giving stating the NTRIBUTING HE TERMINAL I 1 (A). DITION FOR WORMED 21E, home etc.) (Hous) 21E, Will Work) attended the dalive oned abave. (i)	PLACE OF INJURY (e.g., Information) PLACE OF INJURY (e.g., Information) INJURY OCCURRED At Work deceased fram (We) (did) (did nat) v DEGREE Physical Company (Me)	20A. AUTOPSY? (Yes or n or obout 21C. WHERE DID fice bidg., INJURY OCCUR 21F. HOW DID 19. 7/ and of the bidy after deat did in the bidy after did in the bidy after did in the bidy after did in the bidy after did in the bidy after did in the bidy after did in the bidy after did in the bidy after did in the bidy after did in the bidy after did in the bidy after did in the bidy after did in the bidy after did in the bidy after did in the bidy after d	IN CERTIFYING (If In Bo INJURY OCCUR? 1970 ta_ that In(my) (our)	aplnian dec	ath occurred on the
24A	DISEASES Conse to the UNDERLYING OTHER SIGNIFT TO THE DEAT DISEASE OR CONTRIBL DEATH Inotify 21 D. TIME OF INJURY (APPROX.) 23 L ertify that (I) (we) and haur and 23 A. SIGNITU	ANTECEDENT CAUSES OR CONDITIONS, il e abave cause IA) G CONDITION last. FICANT CONDITIONS COI H BUT NOT RELATED TO THE ONDITION GIVEN IN PAR OPERATION 1198. CON WAS PERF NT WAS UNDERLYING UTING CAUSE OF medical examined (Month) (Doy) (Year) that (I) (this hospital last saw the decease if fram the causes stat (RE ONE) WASTON, 24B. DATE Specify) MATION, 24B. DATE	any, giving stating the NTRIBUTING HE TERMINAL I 1 (A). DITION FOR W. FORMED (Hous) 21E. Whill Work) attended the dalive on ed abave. (I)	PLACE OF INJURY (e.g., Information) PLACE OF INJURY (e.g., Information) INJURY OCCURRED At Work e deceased from We) (did) (did not) v DEGREE Physical Attention of CRE	20A. AUTOPSY? (Yes or nor obout 21C. WHERE DID fifice bidg., INJURY OCCUR 21F. HOW DID 22F. HOW DID 23D. ADDRESS 23D. ADDRESS 24D	IN CERTIFYING (If In Bo INJURY OCCUR? 1972 ta_ that In(my) (our, h. Shaff Phys. Clear)	aplnian dec	ath occurred on the
24A	DISEASES CONTRIBLE OF INJURY (APPROX.) 21 A. ACCIDED OF CONTRIBLE OF INJURY (APPROX.) 22. 1 certify that (I) (we) and haur and 23A. SIGNATURE OF INJURY (APPROX.) 23C. PHYSICIAN (I) (WE) BURIAL CREMOVAL (STATE OF INJURY)	ANTECEDENT CAUSES OR CONDITIONS, il e abave cause IA) G CONDITION last. II EICANT CONDITIONS COI H BUT NOT RELATED TO THE OPERATION 1982. CON ONDITION GIVEN IN PAR OPERATION 1982. CON WAS PERF INT WAS UNDERLYING UTTING CAUSE OF medicol exomined (Month) (Doy) (Yeor) that (I) (this hospital last saw the decease if fram the causes state OPERATION 1982. That (I) (this hospital last saw the decease if fram the causes state OPERATION 1982. That (I) (This hospital last saw the decease if fram the causes state OPERATION 1982.	any, giving stating the NTRIBUTING HE TERMINAL I 1 (A). DITION FOR W. FORMED (Hous) 21E. Whill Work) attended the dalive on ed abave. (I)	(C)	20A. AUTOPSY? (Yes or nor obout 21C. WHERE DID fifice bidg., INJURY OCCUR 21F. HOW DID 21F. HOW DID 19 2/ and 1ew the bady after deat 23D. ADDRESS ANATORY 24D 24D	IN CERTIFYING (If In Bo INJURY OCCUR? 1972 ta_ that In(my) (our, h. Shaff Phys. Clar LOCATION alto. Md.	aplnian dec	ath occurred on the
244	DISEASES CONTRIBLE OF INJURY (APPROX.) 21 A. ACCIDED OF CONTRIBLE OF INJURY (APPROX.) 22. 1 certify that (I) (we) and haur and 23A. SIGNATURE OF INJURY (APPROX.) 23C. PHYSICIAN (I) (WE) BURIAL CREMOVAL (STATE OF INJURY)	ANTECEDENT CAUSES OR CONDITIONS, il e abave cause IA) G CONDITION last. FICANT CONDITIONS COI H BUT NOT RELATED TO THE ONDITION GIVEN IN PAR OPERATION 119R, CON WAS PERF NT WAS UNDERLYING UTING CAUSE OF medical examined (Month) (Day) (Year) that (I) (this hospital last saw the decease if from the causes stat RE NTS OPERATION 24B, DATE OPERATION 24B, DATE OPERATION 24B, DATE	any, giving stating the NTRIBUTING HE TERMINAL I 1 (A). DITION FOR W. FORMED (Hous) 21E. Whill Work) attended the dalive on ed abave. (I)	PLACE OF INJURY (e.g., Information) PLACE OF INJURY (e.g., Information) INJURY OCCURRED At Work e deceased from We) (did) (did not) v DEGREE Physical Attention of CRE	20A. AUTOPSY? (Yes or nor obout 21C. WHERE DID fifice bidg., INJURY OCCUR 21F. HOW DID 21F. HOW DID 19 2/ and 1ew the bady after deat 23D. ADDRESS ANATORY 24D 24D	IN CERTIFYING (If In Bo INJURY OCCUR? 1972 ta_ that In(my) (our, h. Shaff Phys. Clar LOCATION alto. Md.	aplnian dec	ath occurred on the

. . page 200 1 Marie Committee of the
D. INSIDE CITY LIMITS? YES M NO If Under 1 Yr. If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. Flizaheth Schmittl 1940 Hasel TREES Balto., 21222, APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ond that in (my) (and) opinion death occurred on the date the body was released 238, DATE SIGNED eceased (City, town, or county) written German Hill Rd. Ba. Co., Md shows: Cemetery 7401 Ö Sacred Heart SD FUNERAL DIRECTOR 258. NAME OF REGISTRAR BY HEALTH DEPTA 6224 Eastern Balto . 21224 . Md . VS 150-REV. 1/1/68

6:35

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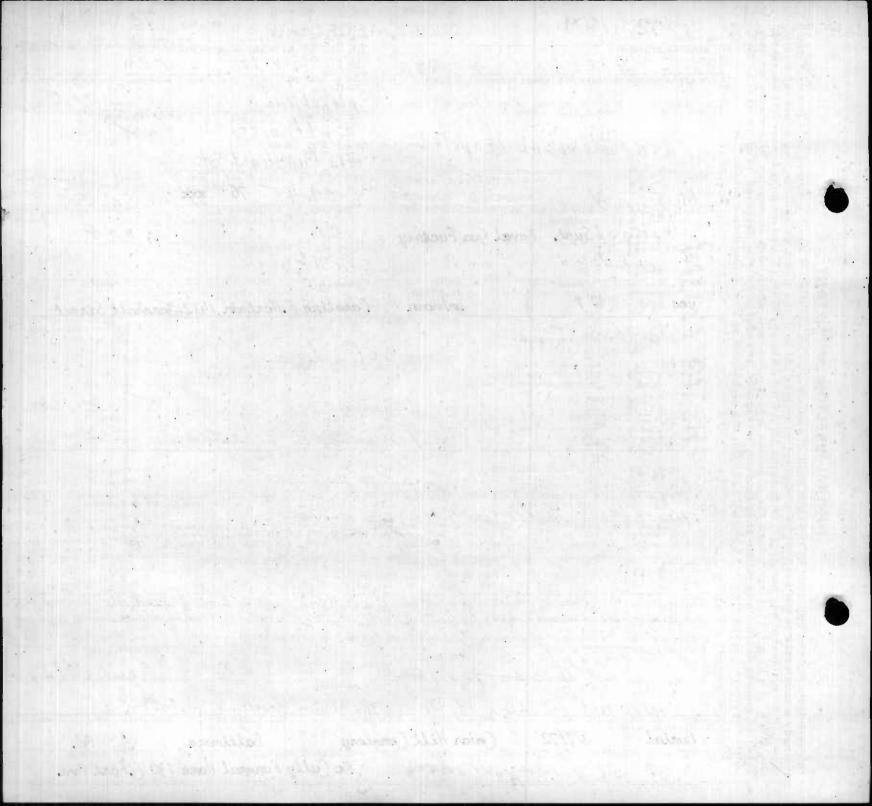
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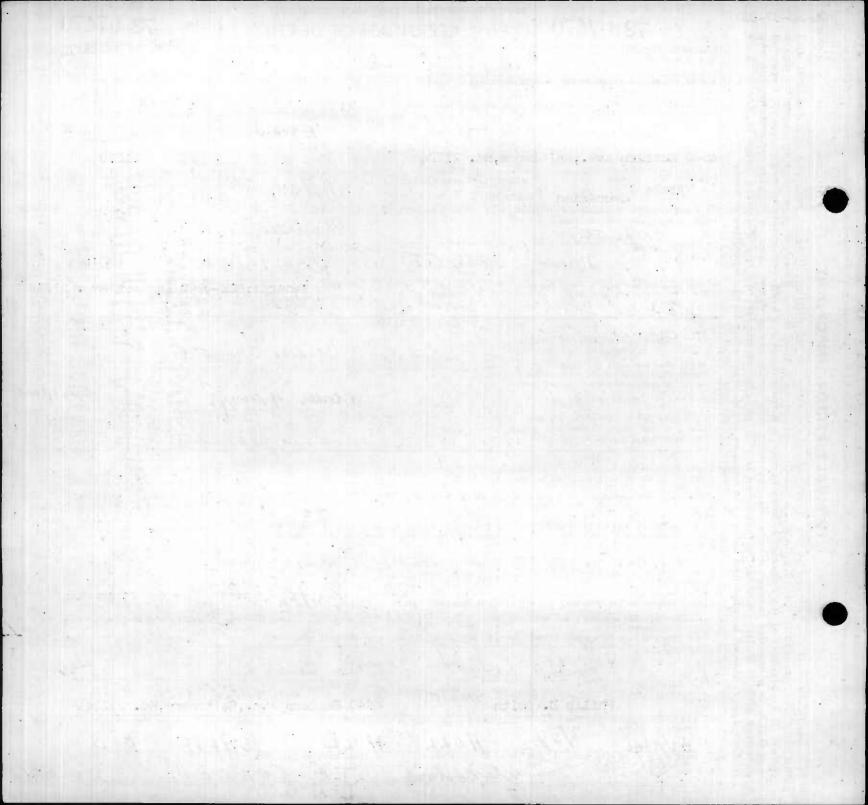
0	07469	
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Same .	O I A O O	

BALTIMORE CITY HEALTH DEPARTMENT

REG. NO.	72	07469	
KEO. INO.	4		_

BIRTH NO. 72 07409	CERTIFICA	TE OF DEATH	REG. NO	7.0 0 1 2 0 0	
1. NAME OF DECEASED		1	D HOUR OF DEATH	TE OF MARYLAND DIRECT	
(Type of Print) HARTMAN (Fe	DRAE	8-4-7	2 12:15	s-PM M.	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED	DEAD	4. USUAL RESIDENCE (When		stitution: residence before admission)	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, HOSPITAL OR ADDRESS OR LOCATION)	MARY - 411d 2302				
INSTITUTION	· L ,	172.11	D. INSIDE CITY LIMITS?		
+ HUNION MEMORIAL flospi	14 L	E. STREET AND NUMBER,	LL St.		
5. SEX 6. RACE 7. MARRIED NET	VER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.	
M WIDOWED	DIVORCED	8-07-95	1057 Birthday	Months Days Hours Min.	
10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSIN	IESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?	
Retired Supto Navel Gun	Md.		NSH		
13. FATHER'S NAME UNKNOWN	0 0	14. MOTHER'S MAIDEN NAM			
unknown		unknow.	~		
TS. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) SE	CURITY NO.	17. INFORMANT		ADDRESS	
1 1104 [1] [1] 1	nknown	Caroline E. Har	tman 1412 M	anshall Street	
	CAUSE OF DEAT		GILLE FILE IN	APPROXIMATE INTERVAL	
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH	
LEADING TO DEATH	(A) IMMEDIATE CAL	ISE Cachenia		A STATE OF THE STA	
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused deoth.)	DUE TO, OR AS	A CONSEQUENCE OF:			
ANTECEDENT CAUSES	(10			> Mons.	
DISEASES OR CONDITIONS, if ony, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:		Z Mins.	
rise to the above couse (A) stoting the	0	4	+	> vove	
UNDERLYING CONDITION Iosi.	(c) Alecs	munt (a of	return	7/3:	
Z					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		B.D.H.			
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH	OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE	FINDINGS CONSIDERED	
WAS PERFORMED	1.00.	100	IN CERTIFYING CA	USES OF DEATH?	
U 21%. ACCIDENT WAS UNDERLYING 1218. PLACE	OF INJURY (e.g.,	n or obout 21C. WHERE DID	(If in Boltimor	re City, give exact location)	
OR CONTRIBUTING CAUSE OF hame, form	, tactory, street, a	ffice bidg., INJURY OCCUR?			
21D-TIME (Month) (Doy) (Year) (Hour) 21E, INJUI	RY OCCURRED	21 F. HOW DID INJ	URY OCCUR?		
OF INJURY White At [Not Whi	le 🖂			
Work L	At Work	<u> </u>		+11 73	
22. I certify that (I) (this hospital) attended the dec	I or ye	VICE C	9 / 2 10 Au	fuel 4 19/2.	
that (1) (we) lost sow the deceased alive on	Red (1)	19	ot in (my) (our) opi	nion death occurred on the date	
and hour and from the couses stated above. (1) (We)	(did) (did not)	view the body ofter death.			
23A. SIGNATURE			"	238. DATE SIGNED	
La Figure H.	D. GEGREE Phy	ending Med. Director	Phys. Phys.	Avoust 6 12.	
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	Λ./	10	
CATAU-WEN ASIAO M	, D, DEGREE	The Union Mem	Nial Hor	pitel	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of	CEMETERY OF CR	EMATORY 24D. L	OCATION	ity, town, ar county) (State)	
Burial 8/7/72 (edan	r Hill (em	etery B	Paltimore	MJ.	
25A. DATE REC'D BY HEALTH DEPT 25B. NAME OF REG	ISTRAR	2SC. FUNERAL DIRECTOR		ADDRESS	
11107 1072 The liver Marker	MEN	Mc (ully fun	eral Home 1	30 E. Fort Ave.	





N-5501		72 07471 BALTIMORE CITY HEALTH DEPARTMENT 72 07471	
and sath the the		CERTIFICATE OF DEATH REG. NO.	
20.00	(Ty	NAME OF DECEASED INEWHAN STATE OF MARYLAND=DHM	114
	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission as STATE B. COUNTY	M. n)
	FU HC	OSPITAL OR ADDRESS OR LOCATION) ADDRESS OR LOCATION	
E _ 3 # L		S. BATIMORE GEN HOSP RESTORAL YES NOT	
P.C. 0 B.C.	5	BALLANDER HORYLAND E. STREET AND NUMBER 4401 ENTRAGETH Rd.	_
contribut etermined n regular	5. \$	WIDOWED DIVORCED 7/25 1834 93 Is birthdoy 79 Months Doys Hours Min.	5.
in the	dou	LUSUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) eduring most of working life, even if refired)	tY?
Si tis		FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
irect (4) t (4) t the ispos		DAVID JONES ENTERSEIN SONES.	
istant istant he di kind; death ce on	15. Y (Yes	Was Doceased Ever in U. S. Armed Forcos? 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. -	
SSIS the the definition of the		no 127-83-1098) Beatrice Willard 4401 Elizabeth Road	
MPORTANT his assistant lso, if the dir of any kind; (unced death ttendance on		18. 4 5 3 X 1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT	H
		LEADING TO DEATH	
5.50 . 5		(This does not mean the mode of dying, e.g., heart foilure, asthenio, etc. II means the disease, injury ar complication which caused death.)	
miner niner fract fract emb		ANTECEDENT CAUSES DEED VIEIN & HOLMBOCK	
ECT Xam Xam Who who reg		DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the	
DIRE lical exteal exert exteal exert exer		UNDERLYING CONDITION lost. (C)	
H Sirisi M	NO	1) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	_
ef med med dy but by phy cian he re	CATI	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
N the By the		19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
T 44 2 5 0 0		21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) (If In Baltimore City, give exact location)	-
465 > 2	MEDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	-
oved e hos cept cept nd (6		(APPROX.) While At Not While At Work	
dd ch the do		22. I certify that (I) (this hospital) attended the deceased from 7 2472 19 to 3/5/12 19 that (I) (we) lost sow the deceased office on 8/5/12 19 and that in (my) (our) opinion death accurred on the determinant	
d to the training to the train		and hour ond from the causes stated abave. (i) (We) (did) (did not) view the body after death.	e
ust be based dent deat deat		23A. SIGNATURE 23B. DATE SIGNED	-
20.2.0		Attending Med. Staff Phys. Staff Phys. Staff Phys.	
rificate my was rel y was rel (1) An acc).A. at a d prior to		23C. PHYSICIAN'S NAME (Type) BY KOEffe MD OF GREE 140 SPITME	
F-9-00-		REMOVAL (Specily) 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)	
This certif the body shows: (1) was D.O. deceased		Burial 8/9/72 Norton Cemetery Norton Virginia PATEURE OF BY HEADTH REPT. 1258, NAME 90 REGISTRAR 125C. FUNERAL DIRECTOR ADDRESS	_
	L	Ac Cully Funeral Homes 130 E. Fort Ave. Balt	0.
	VS 1	150-REV- 1/1/68	=

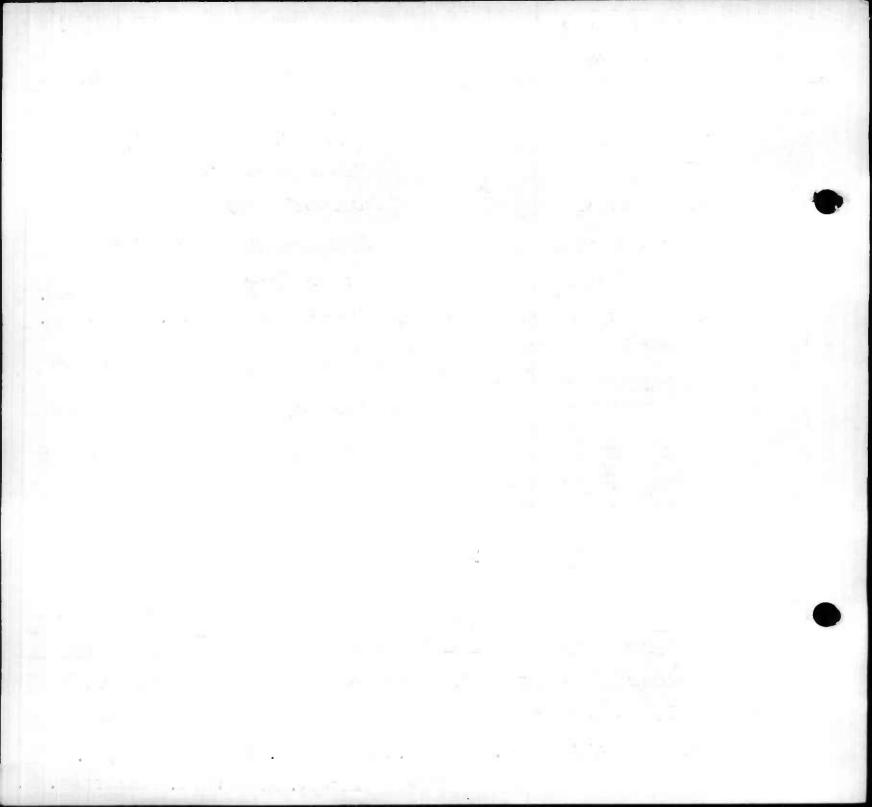
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VS 150-REV. 1/1/68

OFIARO	BALTIMORE CITY HEALTH DEPARTMENT
07472	

1-011-0	72	0	7	4	7	2
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BIRTH NO. 72	07472		CERTIFICA	TE OF DEATH	REG. NO	12 01412
I. NAME OF DECEASE	D Mo_				STATE	OF MARYLAND-DHMH
(Type at Print)				40	ND HOUR OF DEATH	
3. PLACE IN BALTIMO	ORE MARYLAND, WI	ERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Wh A. STATE B. COU	ele deceased lived. Il in:	stitution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCAT	L OR INSTIT	UTION, GIVE STREET	Maryland C. CITY OR TOWN	NII	908
A . C	naritan H	LASDIT	16	Balti more	D. INSI	YES X NO
45		,05,07,	4,	E. SIREET AND NUMBER	41. 64	
5. SEX 6. R	ACE 7	· MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr. , II Under 24 His
M .	Black	WIDOWED	DIVORCED	31Dec 1895	lost birthdoy)	Manths Days Hours Min.
lane during most of working	ng lile, even if retired)	OB, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote ar for	eign cauntry)	12. CITIZEN OF WHAT COUNTR
Mainlenan 3. FATHER'S NAME	e man			Deltamore 7	naueland	US4.
andre	Finance			See of Et	IME	
5. Was Deceased Ever (es, no or unknown) (if y	in U. S. Armed/Force	s? of service)	1 6- SOCIAL SECURITY NO.	17. INFORMANT	que.	ADDRESS BALT.
ues. W	WT 1917-1	918	215-01-0873	LUCRETIA WASHI	NGTON 2807 W	LAFAYETTE AVE.
18. 185 X		4 ml 14	CAUSE OF DEATH	. 0		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEAD	CONDITION DIRE		Cancer of	17 - //		on Month
heori lailure, asihe	ean the mode at d inio, etc. It means the lion which caused d	ie diseose.		CONSEQUENCE OF:		
	CEDENT CAUSES		Pameer	of Printet		Two Years
DISEASES OR C	ONDITIONS, il an	y, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING CO	ove cause (A) s	loling the	(c)			
	11					
DISEASE OR CONDI	T CONDITIONS CONT I NOT RELATED TO THE TION GIVEN IN PART I	TERMINIAL	******************			
19A. DATE OF OPER	WAS PERFO	TION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or No	208 IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
21A ACCIDENT W. OR CONTRIBUTING DEATH (natify medic	I I CAUSE OF	218, hame etc.)	PLACE OF INJURY (e.g., in c, farm, factory, street, affi	or obout 21 C. WHERE DID	(If In Boltimare	City, give exoci location)
OF INJURY	nth) (Day) (Year)		INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	· ·
(APPROX.)		Wark	e At Not While At Work			
	(1) (this haspital)			7-15	19 72 to 4 (1	1972
,	saw the deceased		4 aug	19ond th	at In(my) (<u>aur</u>) apini	on death accurred on the date
and haur and fram 23A. SIGNATURE	the causes stated	abave. (1)	(We) (did) (did not) vi	ew the bady after death.		
anha 1	10 2211	4 5	Atten	ding Med.	Staff Phys.	238. DATE SIGNED
230 PHYSICIAN'S NAME (Type)	2. 20100	M, M	DEGREE	Director L	Phys. 🗆	4 aug 72
John [). Talber	MI	DEGREE		venBlvd. B	alto, Md. 21230
A. BURIAL CREMATIC REMOVAL (Specify)	24C.NA	ME of CEMETERY OF CREA		-	town, or countyl (State)
BURIAL A. DATE REC'D, BY H	8/9/72	MT.	AUBURN CEMETA		WINNANS BAL	TIMORE, MD.
AUG7	The state of the s	B. NAME OF	MUNIONI O	25C. FUNERAL DIRECTOR		ADDRESS
150 DEV 1/1/48		1		WILLIAM U. SP	ICER 1639 N.	BROADWAY BALT. MI



MO (BALTIMORE CI	TY HEALTH DEPARTMENT	TO CHARO
	07473 CERTIFIC	ATE OF DEATH AREG. NO	72 07473
BIRTH NO. 1. NAME OF DECEASED		2. DATE AND HOUR OF DEATH	TE OF KARYTAND-DHMH
(Type or Print) LONGWOR	TH, (PERRY) JOSEPH, PE	TRRINGTON AUGUST 3, 19	141.
3. PLACE IN BALTIMORE, MARYLAI	ND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY	institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR INSTITUTION	OSPITAL OR INSTITUTION, GIVE STREET LOCATION)	MARYLAND ANNE ARUI	SIDE CITY LIMITS?
40 ST	. AGNES HOSPITAL	E. STREET AND NUMBER	YES NO NO
		416 CLEVELAND RD	
5. SEX 6. RACE MALE CAUCASI	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthdoy) 83	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	of work 10B, KIND OF BUSINESS OR INDUST		12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if r			
CONSTRUCTION	CONSTRUCTION	NEW YORK	UNITED STATES
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
NOT KNOWN		NOT KNOWN	
IS. Was Deceased Ever in U. S. Arm (Yes, no or unknown) (If yes, give wor	or dotes of service) 16. SOCIAL SECURITY NO.	"WILKENS & CATON AVE.	ADDRESS
11111111	/////// 216-03-717		FCORDS
18. // 2/ / 1	O / / Q CAUSE OF DEA	JI. AUNES HOST THE R	APPROXIMATE INTERVAL
DISEASE OR CONDITION	ON DIRECTLY		BETWEEN ONSET AND DEATH
LEADING TO DI	FATH	ALISE	
(This does not meon the mo	de of dying, e.g., DUE 10, OR A	AUSE S A CONSEQUENCE OF: POSSIBLE CV	A
heart failure, asthenia, etc. It is injury or complication which a	m		
ANTECEDENT CA	AUSES 1 +	1212	
DISEASES OR CONDITIONS	(B) DUE TO OR	AS A CONSEQUENCE OF:	
rise to the above couse		A SONGE GENCE OF.	
UNDERLYING CONDITION Ia	sl. (C)		
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION GIVEN		n Dementia. Ho T.B	
19A. DATE OF OPERATION 198	CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B	AS PERFORMED	N CERTIFYING C.	AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLY	ING 21B. PLACE OF INJURY (0.9	, in or obout 21 C. WHERE DID (If in Boltime	ore City, give exect location)
OR CONTRIBUTING CAUSE C	home, farm, foctory, street,	office bldg., INJURY OCCUR?	
21D. TIME (Month) (Doy)	(Year) (Hour 21E, INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
S OT MISORI	While At C Not W		
(APPROX.)	Work L At Wo	rk 📙	167 2 72
	apiroly different life deceased from	AUGUST 2 19 72 18 AUGU	15 3
that (X) (we) lost sow the de	ceased olive on AUGUST 3	19 72 ond that in(m) (our) op	inion death occurred on the date
	s stoted obove, (N (We) (did) (dd/nXt)		
23A. SIGNATURE	3 310160 00046. ()] ("") (110) (0(0))(1)	view the body offer deoff.	23B, DATE SIGNED
Balmo		thending Med. Staff hys. Director Phys.	8/3/72
23C. PHYSICIAN'S	DEGREE	23D. ADDRESS	
PAHMAN RAHMAN	KARIMI MD	ST AGNES HOSPITAL - W	ILKENS & CATON A
24A. BURIAL CREMATION, 24B. DA	DEGRATE 124C. NAME of CEMETERY OF C	EE	City, town, or county) (State)
REMOVAL (Specify)			
Burial 8/7			Md.
25A. DATE REC'D BY HEALTH DEPT	25B. NAME OF REGISTRAR	2SC. PUNERAL DIRECTOR SING	LETON FUNERAL HOME
AUG7 1972 X	nony workers	Auch poulse SI EN	DIDNIE MA
VS 150-REV. 1/1/6B	101.1200	0 3 4 6/9	DUNING THU.

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VS 150-REV. 171/68

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	BALTIMORE CITTURE	ALTH DEPARTMENT
07474	CEDTIFICATI	E OF DEATH

REG.	NO.	72	0	74	7	1

Harford Rd.

Leonard, J. Ruck, Inc., 5305

F*	72 07474		CEPTIFICA	TE OF DEA	TH REG. NO.	72 07474
BIRTH NO.	CEASED BERNARI	EUGEN			DATE AND HOUR OF DEA	STATE OF MARYLAND-DHM
Type or Print)	BERNARD		E BENGSTON		8/2/19/12	1 5.25 p.M. M
3. PLACE IN BA	ULTIMORE MARYLAND, Y	WHERE PRONO	UNCED DEAD	A. STATE	B. COUNTY	1806 PANDEL LW00
FULL NAME OF	F (IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTIT	TUTION, GIVE STREET		D BACTIMORE	6
HOSPITAL OR			Horning!	BALTI M		NSIDE CITY LIMITS?
	N MEMORIAL			1 4		
S. SEX	6- RACE	WID WIE	NEVER MARRIED DIVORCED DIVORCED	7-23-189	9. AGE (in years lost birthdoy) 3	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	CUPATION (Give kind of wor of working life, even if refired)		F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sie	ale or foreign country)	12. CITIZEN OF WHAT COUNTRY
201	The o Machin	st		SWEDEN		NATIONAL AMERIC
3. FATHER'S NA	AME Stephen			14. MOTHER'S MA		
XXXXX V				UNKN	OMM	
5. Was Decease fee, no or unknow	ed Ever in U. S. Armed Fo vn) (If yes, give war of dat	ices?	SECURITY NO.	17. INFORMANT	18	ADDRESS 06 Ramblewood Rd.
Yes	WWI		1220-44-5094		Bengston,	Ant B
18. 4/	2.41		CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION D LEADING TO DEATH	RECTLY		PFSPINA	tom theoffi	10001801
(This does	not mean the mode of	dving, e.g.	(A) IMMEDIATE CA	A CONSEQUENCE OF		
heart failure	e, asthenia, etc. It means omplication which cause	s the disease d death.)			24 451716	77.0070
	ANTECEDENT CAUSE		AG 5	DENIBITERS	c Anteria trus	DECENCUL
DISEASES	OR CONDITIONS, if		(0)	A CONSEQUENCE C		4
	the above cause (A) NG CONDITION last	stating the	en EAUDE	OVMWCAR	DICEPSE AST	CRATIVE PNEVMONIA
ONDEREN	11		(C)	ESTIVAL	OBSTREVE !!	low.
OTHER SIGN	IIFICANT CONDITIONS CO					
DISEASE OR	ATH BUT NOT RELATED TO CONDITION GIVEN IN PA	RT 1 (A).				
OTHER SIGN TO THE DEJ DISEASE OR 19A. DATE OF	OF OPERATION 119% COI	NOTION FOR REPORMED	WHICH OPERATION	20A AUTOPSY?	Yes of No. 208, IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRI	ENT WAS UNDERLYING BUTING CAUSE OF	211 hor etc	RPLACE OF INJURY (e.g., me, form, factory, street, o L)	in or about 21 C. WHEI flice bidg., INJURY O	RE DID (If In Bolt)	imore City, give exact location)
21D. TIME OF INJURY	(Month) (Doy) (Year		LINJURY OCCURRED Not White At Work	21f. HOW	DID (NIURY OCCUR?	
		-				10.1.0 - 7 - 13
	fy that (I) (this hospitale) lost sow the deceas		the decidence that were			opinion death occurred on the date
			, , ,			opinion death occurred on the dore
23A, SIGNAT		red above.	(1) (We) (did) (did not)	view the body offer	r deorne	23 B. DATE SIGNED
Auto	ouis Tai	Ja U	C. Li. M.D AH	ending Med.	for Staff N	5/3/15/8
23C. PHYSIC	IAN'S	u ·	DEGREE !!!	23D. ADDRESS	rilys.	
ANTE		5 MA	NEINS	"UNION	MERIONIA (tosizine"
24A. BURIAL CI	REMATION, 1248, DATE	24C. N	IAME OF CEMETERY OF CE		24D. LOCATION	(City, town, or county) (State)
Buri			Moreland Mem		Balto., Md	
ZOA. DATE REC	D BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL	DIRECTOR	ADDRESS

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approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased all (except where the physician who pronounced death was in regular attendance on the be obtained before the remains are embalmed or final disposition is made.
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BALTIMORE CITY HEALTH DEPARTMENT 72 67475 REG. NO.~ CERTIFICATE OF DEATH BIRTH NO. STRATE OR MARY HAND DHIME I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Walter Ende 8-2-72 7:30 P 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? Baltimore YES T NO E. STREET AND NUMBER 8-14-72 5308 Sipple Avenue 5. SEX 6. RACE 9. AGE Un years 8. DATE OF BIRTH MARRIED X NEVER MARRIED If Under 1 Yr. If Under 24 Hrs. Hours Months Doys Male White WIDOWED DIVORCED 12-21-24 94 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even it setting)
Engineer- Mercy Hodp Retired USA Md 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Julius Ende Marie 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dotes of service) 17. INFORMANT 16. SOCIAL SECURITY NO. ADDRESS Yes me 219-30-9859 Mrs. Marie E. Ende same CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED P5. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218 PLACE OF INJURY (e.g., in or obout 21 C WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exoct location) MEDICAL DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21& INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX) Work 22. I certify that (1) (this hospital) attended the deceased from 7-13 1972 1972 1972 that (1) (we) lost saw the deceased office on... ... ond that In(my) (aur) opinion death occurred on the date hospital and hour and from the couses stated above. (1) (We) (dld) (did not) view the body after death. must 23A. SIGNATURE 238 DATE SIGNED Attending Med. 2 mea un Phys. approval Director 8 23C. PHYSICIANS Prior 23D. ADDRESS NAME (Type) M. MEAD JR O. A. ML shows: (1) was D.O.A. DEGREE 24A. BUBIAL CREMATION, 24B. DATE eceased 24C. NAME OF CEMETERY OF CREMATORY (Stote) REMOVAL (Specify) ritten Burial 8/7/72 Holy Redeemer Balto. Md. 25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTALE 25C. FUNERAL DIRECTOR ADDRESS \$ 5 Leonard J. Ruck Inc. Balto. Md. VS 150-REV. 1/1/68

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at 141 lifetil bareli ----

this certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY	HEALTH DEPARTMENT 72 07476
	TE OF DEATH REG. NO. STATE OF MARYLAND-DHMB
1. NAME OF DECEASED CYRTL SNOWDEN SHARFF	F 8-2-72 1937 M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED OFAD	4. USUAL RESIDENCE IWhere deceased lived. If institution: residence before officially A. STATE
FULL NAME OF OF THE NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION!	C. CITY OR TOWN D. INSIDE CITY LIMITS?
to . 211 . 11/2/201	E STREET AND NUMBER
Union Memorial Hospital	3633 Green mount Ave - Ap 203
5. SEX 6. RACE WIDOWED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 12-30-06 9. AGE (in years lift Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during most of working life, even if refired) Red R. R.	11. SIRTHPLACE (State or foreign country) Reacy land U.S. A.
ERUEST Shame	Cathèrie SNOWDEN
15. Wes Decoused Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) CINKUDN 795034052	17. INFORMANT Charles M. Sharff, ADDRESS Chart 8321 Morven Rd.
DISEASE OR CONDITION DIRECTLY	Paccible bulmanerum
(A) IMMEDIATE CAU	A CONSEQUENCE OF: Pur 50 Pur 5'
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if any, giving fise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	A CONSEQUENCE OF:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING FOR TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1. (A).	exclevatic cardinander disease
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED (P) populated art.	20A AUTOPST? (Yes of No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. A CCIDENT WAS UNDERLYING 21& PLACE OF INJURY (e.g., in one, farm, foctory, sheet, of DEATH (notify medical examined)	n or obout 21 G. WHERE DID (If in Baltimore City, give exact location) fice bidg. INJURY OCCUR?
210-TIME (Month) (Doy) (Year) (Houd 21& INJURY OCCURRED While At Not While At Work At Work	21F. HOW DID INJURY OCCURS
22. I certify that (I) (this hospital) attended the deceased from	7-2-7 19/2 to 8-2- 1972
that (i) (we) lost saw the deceased clive on	19 72 and that in(my) (our) opinion dooth occurred on the date
and hour and from the causes stoted obove. (1) (We) (did) (did not) v	
23A. SIGNATURE OEGREE Phys	anding Med. Stoff 238, DATE SIGNED Stoff Director Phys.
23C. PHYSICIAN'S NAME (Type) CESAR A. ALEGRE	Clerion Mecuosial Hospital
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRI	EMATORY 24D. LOCATION (City, town, or county) (State)
Burial 8-5-72 Balkino Pa	Balto., Md.
25A. DATE RECO BY HOLLSH DEFT 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS 1 Teonard J. Ruck, Inc., 5305 Harford Rd
VS 150-REV. 1/1/68	THEORY OF THUCK, THE . , 7707 Har Told Rd

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BALTIMORE CITY HEALTH DEPARTMENT 72 07477 RTIFICATE OF DEATH BIRTH NO. 2. DATE AND HOUR OF DEATHE OF MARYLAND DHIME I, NAME OF DECEASED (Type or Print) 4. USUAL RESIDENCE (Where decrased lived. If instrution; residence before odmi 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR C. CITY OR TOWN INSIDE CITY LIMITS? YES X NO South Baltonove E. STREET AND NUMBER 28 Linwood made. 9. AGE (In reors 5. SEX 6. RACE B. DATE OF If Under 1 Yr. Months: Doys If Under 24 Hrs. 7. MARRIED NEVER MARRIED WIDOWED DIVORCED tóA USU. L OCCUPATION Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY PLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. isposition. most of working tife, even if retired) School Teacher Mary Pand 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Margaret Unknown 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 6. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. final 2132675 CAUSE OF DEATH 18. 0 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death,) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, il ony, DUE TO, OR AS A CONSEQUENCE OF rise to the above cause (A) stating the UNDERLYING CONDITION lost. remains OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B, PLACE OF INJURY (e.g., in or about 21C, WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location) DEATH (notify medical examiner) MEDIC

(Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX) At Work Work 22. I certify that (1) (this haspital) attended the deceased from worst and that in (my) (au) apinion death accurred an the date

and haur and from the causes stated abave. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 238 DATE SIGNED

Attending [Med. Phys. Director L 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type

> DEGREE 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION

Moreland Memorial Balto., ADDRESS REC'D BY HEALTH DEPT. Leonard J., Ruck, Inc., 5305 Harford Rd.

VS 150-REV, 1/1/68

24A, BURIAL CREMATION.

REMOVAL (Specify) Burial

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VS 150-REV. 1/1/68

1	BALTIMORE	CITY	HEALTH	DEPARTMENT

72 07478

CERTIFICATE OF DEATH

72 07478

REG. NO.

2. DATE AND HOUR OF DEATH Aug 1 1972 1.30pk 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admissing A. STATE B. COUNTY WARYLAND DE B. AUSUAL RESIDENCE (Where deceosed lived. If institution: residence before admissing A. STATE B. COUNTY WARYLAND DE B. COUNTY WHAT ROOF VIEW NUNSING ROHE B. P. C. CITY OR TOWN D. INSIDE CITY LIMITS? YES NO E. STREET AND NUMBER 1213 LICHT ST.
A. STATE B. COUNTY IMALROUR VIEW NURSING BOHE BA C. CITY OR TOWN D. INSIDE CITY LIMITS? YES NO NUMBER
C. CITY OR TOWN BALLIYOUL E STREET AND NUMBER WURSING BOHE BAR VES NO NUMBER
E STREET AND NUMBER
E STREET AND NUMBER
12 12 11647 51
1013 4411 31. 2636
B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 H Months: Doys Hours Min.
11. SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNT
PChestertown, Md. USA.
14. MOTHER'S MAIDEN NAME
Eleanor M. Garrett
17. INFORMANT ADDRESS 1228
Mrs Ida Biscoe 404 Roanoke Drive
BETWEEN ONSET AND DEA
Pro-154 Dalla Mar Car It can t
E BROWCHIAL PARIMONIA. 16 days
CONSEQUENCE OF:
A CONSEQUENCE OF:
DRATION.
20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
NO IN CLASS OF DEATH
or obout 21 C. WHERE DID (If in Boltimore City, give exact location) ice bldg., INJURY OCCUR?
21F. HOW DID INJURY OCCUR?
2/1/12
1/(6/12 19 to 0/1/2 19
1 19 mand that in (my) (our) opinion death occurred on the d
iew the body ofter deoth.
23 B. DATE SIGNED
nding Med. Shaff Director Phys.
Director Phys. 23D. ADDRESS
JO. ADDRESS
MATORY 24D. LOCATION (City, town, or county) (State
Baltimore, Maryland
25C. FUNERAL DIRECTOR ADDRESS

4/1/70 -Adm.
1101 Elrino Way 21224

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C. Troman Tenyab - 5151 Balton III

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	AMAMO		BALTIMORE	CITY HEALTH	DEPARTMENT		MO 07479		
BIRTH NO.	2 07479		CERTIFI	CATE C	F DEATH	REG. NOSTAT	E OF MARYLAND DHAME		
NAME OF D	ECEASED				2. DATE	AND HOUR OF DEATH			
Type or Print)	CHURC	H, CLA	UDE COLBI	URN	AUG	UST 5, 197	2 1:50 A.M.		
3. PLACE IN B.	ALTIMORE, MARYLAND, W	HERE PRONO	JNCED DEAD	A. STAT	E B. COL	here deceased lived. If in JNTY	stitution: residence before admission)		
FULL NAME OF HOSPITAL OR INSTITUTION	ST AGNES H	OSPITA	L AVENUES	c. CITY	RYLAND OR TOWN LTIMORE	BALTIMORE D. INSI Highlands	21227 IDE CITY LIMITS? YES NO XX		
	BALTIMORE,			_		ORK AVENUE	5300		
- SEX	6. RACE	7- MARRIED	XVEVER MARRIED	-	OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months; Days Hours Min.		
	CAUCASIAN CCUPATION (Give kind af working life, even if retired)	WIDOWED			1/26/05 HPLACE (Slote or fo	67	12. CITZEN OF WHAT COUNTRY?		
	RIVER	TRAN	SIT		RYLA ND	AAAE	U.S.A.		
S. PAIHER 3 IV	Christian	C. C	hurch						
5 Was Dagge	sed Ever in U. S. Armed For		1 6. SOCIAL	I7. INFO	IZA BETH	SANNER	ADDRESS		
	wn) (If yes, give war ar dote		SECURITY NO.	IV. INFO	BALT	0 MD 21229	ADDRESS		
YES	WW2		213-10-9		AGNES R	ECORDS CAT	ON & WILKENSAVES		
DISEASES rise la UNDERLYI O THER SIGN TO THE DE DISEASE OF	e, ashenia, etc. It means complication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) NG CONDITION last. II NIFICANT CONDITIONS CONDITION SECONDITION GIVEN IN PAR CONDITION GIVEN IN PAR OF OPERATION 198. CON MAS PER	any, giving stoling the NTRIBUTING HE TERMINAL IT (A).	Chroni Pastraint	isting	EQUENCE OF:	lung dise f whenever No! 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?		
OR CONTR	DENT WAS UNDERLYING	ham	PLACE OF INJURY e, farm, factory, str	(e.g., in or abou	21C. WHERE DID	(If in 8altimor	e City, give exact location)		
0	tify medical examiner)	etc.							
21 D. TIME OF INJURY (APPROX.)	(Manth) (Day) (Year)			t While Wark	21F. HOW DID II	NJURY OCCUR?			
that (X (w	22. I certify that (X) (this haspital) attended the deceased from JULY 8 19 72 to MXXAUGUST 5 19 72, that (X) (we) lost sow the deceased alive on AUGUST 5 19 72 and that in XnXX (our) opinion death occurred on the date and hour and from the causes stated above. (X) (We) (did) (did) (XiXXX) view the body ofter death.								
23A. SIGNA		1 /11	19.1 A.				238. DATE SIGNED		
	Uncent a	· W	Muy M.V DEGREI		Med. Director	Staff Phys. XX	08/05/72		
23C. PHYSIC	(Туре)			23D. ADE	BALT	0 MD 21229			
24A. BURIAL C	REMATION, 24B. DATE		AME of CEMETERY	OF CREMATORY	GNESHOSP 24D.	LOCATION (CI	& WILKENS AVES		
REMOVAL		2 11	oodlawn C	emeterv		Baltimore.	Maryland		
	C'D BY HEALTH DEPT.		OF REGISTRAR		FUNERAL DIRECT		ADDRESS		
			6 6		Singleton	Funeral Hom	ne, Glen Burnie, M		
VS 150-REV. 1/	1/68	7 1	6 1		6				

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	BALTIMORE CITY H	EALTH DEPARTMENT
	BIRTH NO. 72 07480 CERTIFICAT	E OF DEATH REG. NO. 72 07480
	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
#	VICTOR E. POGGIE, SR. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	AUGUST 4, 1972 3:25 P. M. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	MD. ANNE ARUNDEL
	#3617 PARKDALE AVENUE	GLEN BURNIE D. INSIDE CITY LIMITS? YES NO K
	00	. STREET AND NUMBER
11	5- SEX 6- RACE 7- MARRIED NEVER MARRIED 8-	PATE OF BIRTH 19. AGE (In veges 1.15 Hodge) Vi. 16 Hodge 24 H
	MALE WILLIAM DIVORCED TO	Months Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. done during most of working life, even if retired)	BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY?
	ASSEMBLYMAN (ret.) WESTINGHOUSE	PENNSYLVANIE U.S.A.
11	13. FATHER'S NAME	MOTHER'S MAIDEN NAME
	DAVID POGGIE 15. Was Deceased Eyer in U. S. Armed Forces? 16. SOCIAL 17.	ELIZABETH (unknown)
ici	(Yes, no of unknown) (If yes, give wor of dotes of service) SECURITY NO.	INFORMANT
-	NO ////////////////////////////////////	1r. Victor E. Poggie, Jr. (son) Pasadena, Md
	DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	gocarded projector
	heort loilure, asthenia, etc. It means the disease, injury or complication which coused death.)	NSEQUENCE OF:
	ANTECEDENT CAUSES	140
	DISEASES OR CONDITIONS, it ony, giving the	CONSEQUENCE OF:
	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	
1,		0
1 2	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	, replu lleer
FPTIEIG	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY! (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	U 21A ACCIDENT WAS UNDERLYING 21B PLACE OF INJURY (e.g., in or home, form, foctory, street, office etc.)	about 21C, WHERE DID (II in Boltimore City, give exoct location) bidg, INJURY OCCUR?
[21D-TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
3	While At Work Not While	
	22. I certify that (1) (this hospital) attended the deceased from	19/V to 1, 29 19/V
	that (i) (we) last saw the deceased alive on	and that in (my) (aur) apinion death accurred an the date
	and have and from the causes stated above. (1) (We) (did) (did nat) view	
	Attendin Attendin	
	23C. PHYSICIAN'S NAME (Type) 23D.	ADDRESS //
	. BOKKNW, MUD	3 V Ho artel Dive See Burn
24	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMA	tarilly tarilly tarilly
25	Burial 8/8/72 Most Holy Redeems	azi iidai iine bili
1	25A. PATE REC'D BY HEALTH DEBY. 25B. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR MANAGEMENT ADDRESS
VS	/S 150-REV. 1/1/68	Singletan Keneral Tome, Glen Burnie, Md.

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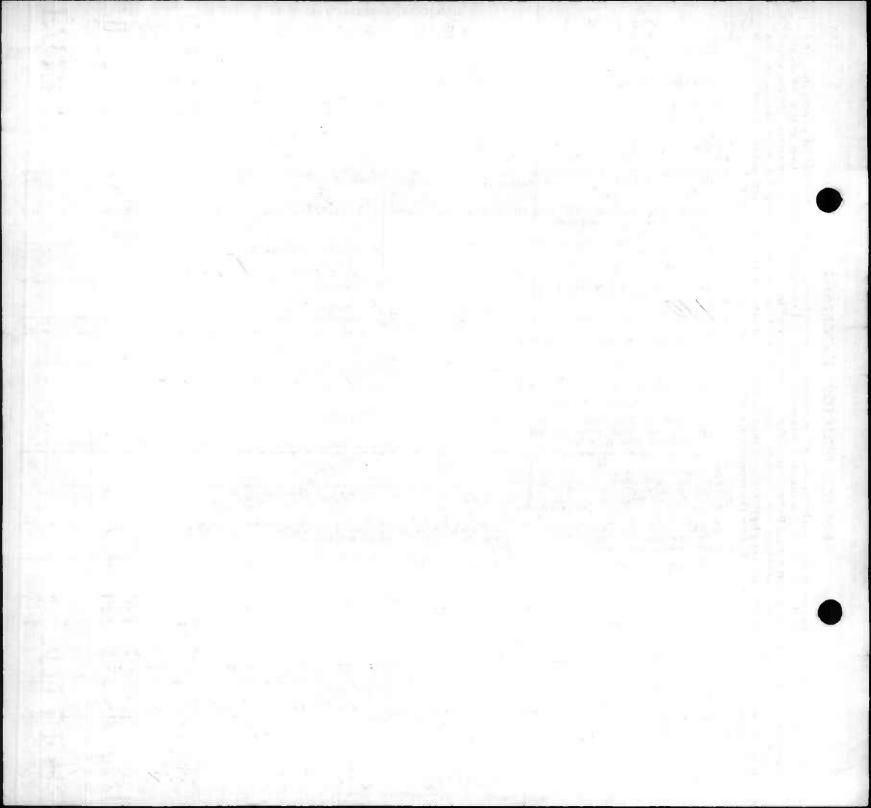
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VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

REG. NO.	170	07484
	16	01.70T

BIRTH NO.	72 07481	CEF	RTIFICATE	OF DEATH	REG. NO	72 07481		
NAME OF DE	Tames F.	O'BRI	en	8-	3-72	11404		
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONOUNCED DEA		STATE & COU	ΝΥ	nstitution: residence before admis		
FULL NAME O	F (IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTION, GIVE		Yary au		JAD CONTINUES		
NOTITITION			C.	Baltimor		YES DO NO		
Union	Memorial	Harbital	E,	STREET AND NUMBER	/ 1			
		/	ő	2654 1911	es Ave.			
5. SEX	6. RACE	WIDOWED DI	VORCED 8. C	2-3 1 -05	9. AGE (in years lost birthdoy)	Months Days Hours M		
		108 KIND OF BUSINESS		BIRTHPLACE ISlate of for		12. CITIZEN OF WHAT COU		
done during most	of working life, even If refired)			Harylau	01	Uor. A		
13. FATHER'S N.			14,	MOTHER'S' MAIDEN N				
Pat	rick o'	Beien		Delores	Ryan			
15, Was Decease	nd Ever in U. S. Anned For m) (If yes, give war or date	rees? 1 6. SOCIAL		NFORMANT		ADDRESS		
UNIBU	ou —	214-0	3-13721	cleart.				
18.	2.01+1		E OF DEATH			APPROXIMATE INTERV		
DISE	ASE OR CONDITION DI	RECTLY		Loca's la he	· Oseca · Naca			
(This does	LEADING TO DEATH not mean the mode of		MEDIATE CAUSE	POSSIBLE DO NSEQUENCE OF:	rawaye.	moores		
heart failure	o, asthenia, etc. It means emplication which caused	the disease,	UE IO, OR AS A CO	NSEQUENCE OF	e choc	K		
injury or co	ANTECEDENT CAUSES		Q.	to segue				
DISEASES	OR CONDITIONS, IF	(B)	UE TO, OR AS A C	ONSEQUENCE OF:				
rise to	the above cause (A)	stating the		, , , , , , , , , , , , , , , , , , ,				
UNDERLYII	NG CONDITION lost	(C)						
OTHER SIGN	III IFICANT CONDITIONS CO	NTRIBUTING WIND	a Reitic	coupins:	wa on we	sentery & succe		
OTHER SIGN TO THE DE DISEASE OR	IFICANT CONDITIONS CO ATH BUT NOT RELATED TO T CONDITION GIVEN IN PAR	RT 1 (A). & COL	18-1 AU	INC PANI	FICAS' C	R CLARCE NOT		
	F OPERATION 19% CON	IDITION FOR WHICH OPE	RATION	MA AUTOPSYR (Yes of)	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?		
7-29	ENT WAS UNDERLYING		injury lead in or	obout 21 C. WHERE DID	lif In Boltime	pre City, give exoct location)		
OR CONTRI	ENT WAS UNDERLYING DEBUTING CAUSE OF	home, farm, foc	tory, street, office	PIGE INTRIA OCCURS	(
DEATH (not	(Month) (Day) (Year)	(Hour) 21E INJURY O	CCURRED	21F. HOW DID IN	MINEX OCCUES			
S OF INJURY		While At	Not While					
		Work L	At WORK -	30-	1972 to P-	3 - 19.7		
			3 -					
	that (i) (we) last saw the deceased alive on 8 - 3 - 1972 and that in (my) (our) opinion death occurred on the da ond hour and from the causes stated above. (i) (We) (did) (did not) view the body after death.							
23A. SIGNA		teg apover (i) (ue) (gid	(did not) VIEW	the body after death	le ·	23B, DATE SIGNED		
(6	beecen	ey)	Attendin Phys.	Med. Director	Staff Phys.	8-3-22		
23 C. PHYSIC NAME	IAN'S			ADDRESS	rnys. ~	1		
NAME	CESAR	A. AURIA	27-	lecesa	alleero	ial Hosp.		
24A. SURIAL C	REMATION, 248. DATE	24C. NAME OI CEN	METERY OF CREMA	TORY 24D.	LOCATION (City, town, or county) (Sta		
BURI	Y / / / /	72 ST. MAI	RY'S	Z	BALTO, MI	,		
	D BY HEALTH DEPT	258 NAME OF REGISTRA	AR .	25C FUNERAL DIRECTS	OR do	ADDRESS		
AUG7	1972	new lishar	0 (100	Mayl. E. Ch	monde 36	17 chestinas A		



VS 150-REV. 1/1/68

35-78-00 sj

72	67482		Y HEALTH DEPARTM		72 07482
BIRTH NO.		CERTIFICA	TE OF DEA	TH REG. NO.	
1. NAME OF DECEA	huhu h	July Wi	lson 2.D.	ATE AND HOUR OF DEATH	TE OF MARYLAND-DHAM
3. PLACE IN BALTIA	MORE, MARYLAND, WHERE	RONOUNCED DEAD	4. USUAL RESIDENC		institution: residence before admission
FULL NAME OF	(IF NOT IN HOSPITAL OR	INSTITUTION, GIVE STREET	Maryland	COURT	2612
HOSPITAL OR	ADDRESS OR LOCATION		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
3/ 10.	4940 Eastern		Baltimore		YES 🔀 NO
15CN	Baltimore, Ma 21224	ryland	4940 Easte	ABER ern Avenue	21224
Female	Negro Wind	OWED DIVORCED	8. DATE OF BIRTH 5-10-99	9. AGE (In years 73	Il Under 1 Yr. Il Under 24 Hrs. Months Doys Hours Min.
done during most of wor	ATION (Give kind of work 10B, KI	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or loreign countryl	12. CITIZEN OF WHAT COUNTRY
			N.C.		
13. FATHER'S NAME			14. MOTHER'S MAID	EN NAME	
Promise	Gilmore	Alexander of the second	Estelle		
15 Was Deconsed Fu	er in U. S. Armed Forces? yes, give wor or dotes of se	1 6. SOCIAL	17. INFORMANT		ADDRESS
/	Yes, give wor or doles of se	220-30-2215	BCH- 4940 E	astern Avenue ore, Maryland 2	
18.	19 NL 010	CAUSE OF DEAT	Baltime	ore, Maryland 2	21224 APPROXIMATE INTERVAL
DISEASE	OR CONDITION DIRECTLY	0	CO 1		BETWEEN ONSET AND DEATH
	ADING TO DEATH	(A) IMMEDIATE CAL	ISE COLUMN	expir, -cardeei	nuest
heori loilure, asi	meon the mode of dying, thenia, etc. It means the dis	e.g., DUE TO, OR AS	A CONSEQUENCE OF:		***************************************
injury or compli-	calian which caused death.l				
	TECEDENT CAUSES	(B).	old Pul T	3	
DISEASES OR	CONDITIONS, if any, above cause (A) stating	giving DUE TO, OR AS	A CONSEQUENCE OF:	***********************	
UNDERLYING C	ONDITION last.	(C)	CASS .		
-	11				
TIO THE DEATH B	NT CONDITIONS CONTRIBU- BUT NOT RELATED TO THE TERM DITION GIVEN IN PART I (A).	INAL			
DIPA. DATE OF OF	PERATION 198 CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes	or No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTION DEATH (notify me	WAS UNDERLYING AGE CAUSE OF	218, PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)	n or obout 21C. WHERE I	DID (If In Boltimor U R?	re City, give exoci location)
OF INJURY	Nonthi (Dayl (Yearl (Hourl	21E INJURY OCCURRED	21F. HOW DI	D INJURY OCCUR?	
(APPROX.)		While At Work Not While At Work	• 🗆		
22. I certify the	at (I) (this hospital) atten	ded the deceased fram			
that (i) (we) las	st saw the deceased alive	on	70 _	IYta	nion death occurred on the dote
and hour and fee	om the courses stated abo	ve. (1) (We) (did) (did not) v		ind that in (my) (our) apl	nion death occurred on the dote
23A. SIGNATURE	T c	4e. (1) (#e) (dia) (dia not) V	lew the bady offer de	eoth.	loss DATE CLOSE
H	Voy J Dom	Atte	nding Med.	Shoff [7]	23B, DATE SIGNED
23C. PHYSICIAN'S	rue S. OVI	ALL MO . GEGREE Phys	Director 23 D. ADDRESS	Staff Phys.	1126
NAME (Type)	Peter Dorse			Avenue, Baltin	more, Maryland 2122
4A. BURIAL CREMATEMOVAL (Spec		GEGREE 4C. NAME of CEMETERY OF CRE			
	8-5-72	Mt Calvary Cen		Anne Arunde	ty, lown, or county! (Stole!
Burial SA. DATE REC'D BY		ME OF REGISTRAR	25C. FUNERAL DIRE		ADDRESS
AUG7 19	372 - Didgey	wholen		rch 928 E No	

Lula

Promise Gilmore

Wilson

M.C.

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220-30-2215

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approved by the chief medical examiner or his assistant it death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death 🕻	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased 🕜	l (except where the physician who pronounced death was in regular attendance on the X	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
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BALTIMORE CITY	HEALTH DEPARTMENT		111 111 111 111 111 111 111
CERTIFICA	TE OF DEATH	REG. NO.	72 07483
	2. DATE AI	NO HOUR OF DEATH	ATE OF MARYLAND DHAM 10:50 A.M.
NCED DEAD	4. USUAL RESIDENCE (Whe	ere deceosed lived. If i	nstitution: residence before admission)
TON, GIVE STREET	Md.		SIDE CITY LIMITS?
ng Center	E. STREET AND NUMBER		YESKX NO .
d 21229	1440 Chesa	peake Cour	t 21226
NEVER MARRIED DIVORCED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
SUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
	N. Carolin	a	U.S.A.
	4. MOTHER'S MAIDEN NA	ME	
	Unknown		
6. SOCIAL 2 1 ECHRITONO. 9839	7. INFORMANT		ADDRESS
			APPROXIMATE INTERVAL
(B)	metaz a consequence of:	tour	Cale
		O 20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
(C)		208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
(C)	or obout 21C. WHERE DID INJURY OCCUR?	O) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
(C)HICH OPERATION LACE OF INJURY (e.g., in form, foctory, street, offi	or obout 21 C. WHERE DID ince bidg., INJURY OCCUR?	O) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
(C)	or obout 21C. WHERE DID ice bldg., INJURY OCCUR?	O) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? Ore City, give exoct locotion)
HICH OPERATION LACE OF INJURY (e.g., in form, foctory, street, off NJURY OCCURRED At Not While At Work	or obout 21 C. WHERE DID in JURY OCCUR?	O) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? Ore City, give exoct location)
HICH OPERATION LACE OF INJURY (e.g., in form, foctory, street, off NJURY OCCURRED At Work of deceased from 2 (Was) (Unit) (did not) vi	or obout 21C. WHERE DID ice bldg. INJURY OCCUR? 21F. HOW DID IN. 21F. HOW did in in it is in it is in it is in it is in it is in it is in it is in it in it is in it in it is in it in it in it is in it i	ODE IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? Ore City, give exoct locotion)
HICH OPERATION LACE OF INJURY (e.g., in form, foctory, street, offing) NJURY OCCURRED At Not While At Work deceased fram (Way) (July) (did nat) vi	20 A. AUTOPSY? (Yes or N or obout 21 C. WHERE DID ice bldg., INJURY OCCUR? 21 F. HOW DID IN.	OP 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? Ore City, give exact location) Aug 2 19 7 inion death accurred an the date
HICH OPERATION LACE OF INJURY (e.g., in form, foctory, street, offing) NJURY OCCURRED At Not While At Work deceased fram (Wa) (July (did nat) vi	or obout 21 C. WHERE DID INJURY OCCUR? 21 F. HOW DID IN. 31 P. T.	ODE IF YES, WERE IN CERTIFYING CA (If in Boltimo JURY OCCUR? 19 2 ta not in (my) (sor) op Shaff Phys. 9 R 2	FINDINGS CONSIDERED AUSES OF DEATH? Ore City, give exoct location) Aug 2 19 7 19 11 11 11 11 11 11 11 11 11 11 11 11
HICH OPERATION LACE OF INJURY (e.g., in form, foctory, street, offin NJURY OCCURRED At Work of deceased from At Work of	or obout 21 C. WHERE DID ice bldg., INJURY OCCUR? 21 F. HOW DID IN. 21 F. HOW DID IN. 21 F. HOW DID IN. 30 ADDRESS 11 3 2 Rolling MATORY 25 C. FUNERAL DIRECTO	ODE IF YES, WERE IN CERTIFYING CA (If in Boltimo JURY OCCUR? 19 2 to not in(my) (per) op Shaff Phys COCATION (COCATION) R	FINDINGS CONSIDERED AUSES OF DEATH? Ore City, give exoct location) Aug 2 19 72 inion death accurred an the date 238, DATE SIGNED Aug 4, 1972
	CERTIFICA NOTED DEAD NON, GIVE STREET OF CENTER OF 21229 NEVER MARRIED DIVORCED DIVORCED SUSINESS OR INDUSTRY 6. SOCIAL 21239 CAUSE OF DEATH	A. USUAL RESIDENCE (Whe A. STATE Md. C. CITY OR TOWN Baltimore E. STREET AND NUMBER 1440 Chesa Never Married DIVORCED DIVORCED 11. BIRTHPLACE (Stote or fore N. Carolin 14. MOTHER'S MAIDEN NA UNKNOWN 16. SOCIAL 264 STREET AND NUMBER 17. INFORMANT	CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH 8-2-72 1. DATE AND HOUR OF DEATH 8-2-72 1. DATE AND HOUR OF DEATH 8-2-72 1. DATE AND HOUR OF DEATH 8. COUNTY Md. C. CITY OR TOWN Baltimore E. STREET AND NUMBER 1440 Chesapeake Court 1. DIVORCED DIVORCED 1. DIVORCED

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72 07484

BALTIMORE CITY HEALTH DEPARTMENT

72 07484

	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH.
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BIRTH NO.					KEG. 140			
NAME OF DECEASED Type or Print) ERNEST MARSHALI	60°50°5	OF DEATH	Known Estimated	Month	DoPTAI	TE QUE	THE PARTY OF THE P	DHMI M.
F. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNC FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GI OSPITAL ADDRESS OR LOCATION) OR INSTITUTION	VE STREET	PRONOUN		Month 8	3 Doy 3	1972	Hour 2 a	м.
Md. Gen. Hespital		A. STATE	Md.	e deceosed li	B. COUNTY	residence b	etore odmission)	2
5. SEX 7. RACE B. MARRIED NE	/ER MARRIED	C. CITY OR TO	WN		D. INSIDE CIT	Y LIMITS?		_
male negro WIDOWED	DIVORCED		Ba1	to.	YE	s 🖾 ı	NO 🗆	
P. DATE OF BIRTH 10.AGE (In years If Under 1	Yr. If Under 24 Hrs. ys , Hours , Min.	STREET AN	2 Arounh	Ave.				
11. BIRTHPLACE (Stole or foreign country) 12. CITIZE	N OF COUNTRY?	3. FATHER'S			7	127		
4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSIN done during most of working life, even if retired)	ESS OR INDUSTRY	5. MOTHER'S	t Mars! MaiDEN NAI an M. I	ME				
		B. INFORMA		iunco		DRESS		_
Yes, no or unknown) (If yes, give wor or dates of service)	ECURITY NO.	Ernes	t Marsh	nall S	Sr. 230	8 Wir	cheste	r St
19. 9/51	CAUSE OF DEATH					API	PROXIMATE INTERV	AL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. It meons the diseose, injury or complication which coused death.)	(A)IMMEDIATE CAI DUE TO, OR AS	USE		chest		BEIW	EEN ONSE! AND DE	EATH
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	(C)	S A CONSEQU	ence or:					
20A. DATE OF OPERATION 20B. CONDITION FOR WHIC	H OPERATION WAS	PERFORMED					PSY? (Yes or No)
UNDERLYING SOR CONTRIB-	OF INJURY(e.g., in foctory, street, office be street	oldg., etc.) INJ	WHERE DID JRY OCCUR? 8 Wilson	_	re City, give exoc	t location)	02	
OF INTURY	URY OCCURRED		HOW DID IN	JURY OCC	UR?	,		
(APPROX.) 8-3-72 1:30 a m. WHILE A	W TON W TOW TAN OW TAN	RK S	hot by t	ınknowı	n assail	ant.		
I certify that I held on Inquiry I Inspress I not I held on Inquiry I Inspress I Accide ACTUAL SIGNATURE EXAMINER'S NAME (Type) Marvin S. Platt, I	Suicide M.D.	CH ASSISTA		Undetermi EXAMINER EXAMINER	death in my		date signed	
24A. BURIAL CREMATION, 24B. DATE 24C. NA REMOVAL (Specify)	ME of CEMETERY or			LOCATION	(City, town	, or county)	(Stote)	
25A. DAYE REGIDEN HEALTH DEPT. 25B. NAME OF R	EGISTRAR	25C. FUI	NERAL DIRECT	OR		DDRESS		

F racetta B. Jones, N.D.

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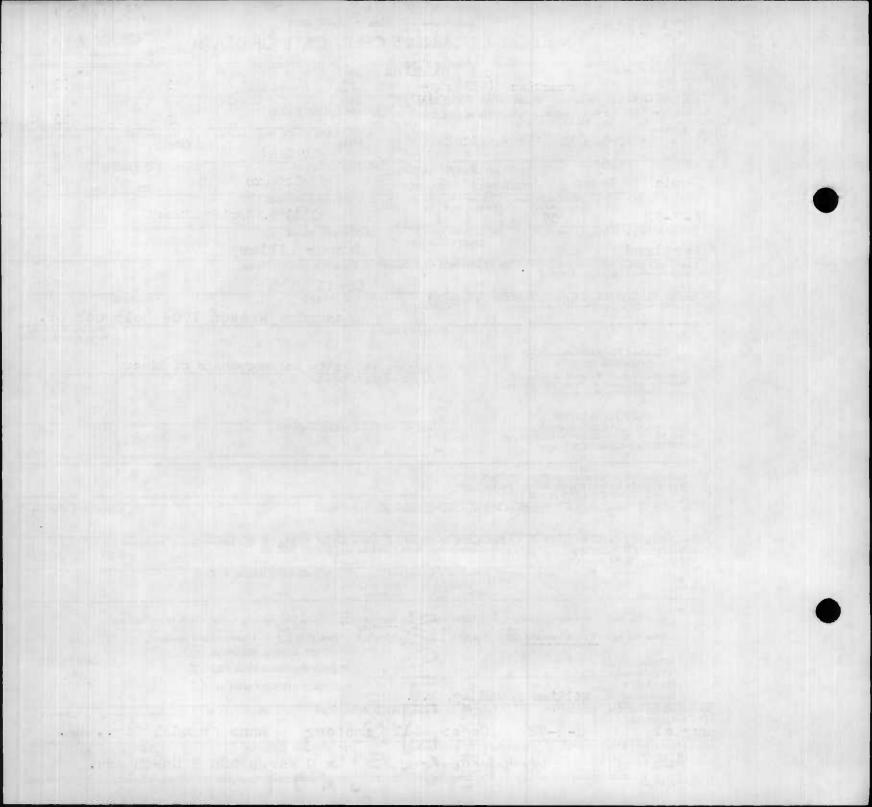
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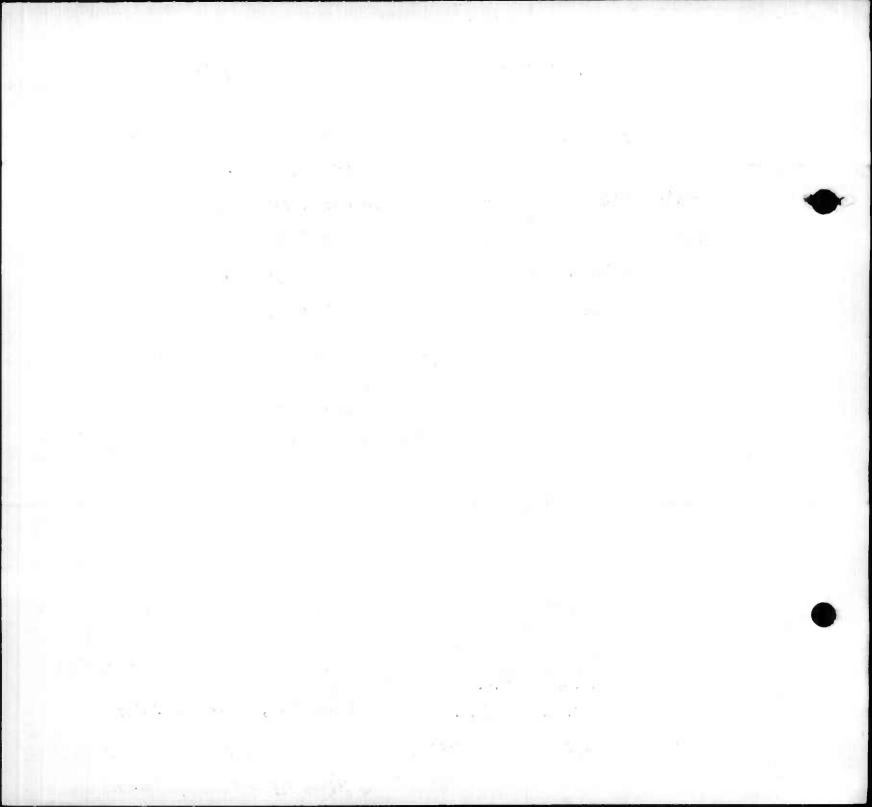
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72 (1	7485		BALTIMORE CITY HE	ALTH DEPAR	TMENT		_	120		
	M	EDICAL	EXAMINER'S	CERTIFIC	CATE OF	DEAT	H REG. NO	PATE OF	MARYI	AND-T
BIRTH NO.										
I. NAME OF DE			/	2. DATE OF	Known 🔼	Month	Doy 3	72	9:33	D
DIACE IN DA		estine	(Wilkens)	DEATH	Estimoted	8				P. M.
ULL NAME OF				3. DATE	NCED DEAD	Month	Day	Year	Hour	
OSPITAL OR INSTITUTION	ADDRESS OR L	OCATION)	TITUTION, GIVE STREET			8	3	72	9:33	
A INSTITUTION	Johns Ho	okins H	ospital	5. USUAL RE	SIDENCE (When	e deceased il	B. COUNTY	n: residence	belore odmis	islon)
mad no				1	Maryland				70	7
. SEX	7. RACE	8. MARE	RIED NEVER MARRIED	C. CITY OR			D. INSIDE C	ITY LIMITS?		
Female	Negro	WIDOV	VED DIVORCED		Baltimor	е	1	ES 🗌	по 🗆	
DATE OF BIRT	H 10.AG	E (In years	If Under 1 Yr. 11 Under 24 Hrs. Months Days Hours Min.	E. STREET A	ND NUMBER					
5-7-33		39	Molinist Duys Triodis Mills	139	1824 N.	Spring	Street			
. BIRTHPLACE (State or foreign countr	γ)	12. CITIZEN OF	13. FATHER'S	NAME					_
Marylan	nd		WHAT COUNTRY?	Jaspa	r Tille	vre				
		vork 14B. KIND	OF BUSINESS OR INDUSTRY							
ne during most of a	working life, even if retir	ed)								
WAS DECEAS	ED EVER IN U.S. AP	MED FORCE	S? 117. SOCIAL	UBC1.	High			DDRESS		
s, no or unknown	ED EVER IN U.S. AR	otes of service	SECURITY NO.							
19 /	111 /		241192.00.00		andra Wa	atson	1706			
5 //	181		CAUSE OF DEA	ıın					PROXIMATE IN	
DISEASES (RISE TO THE UNDERLYIN OTHER SIGN TO THE DE	NTECEDENT CAUSES OR CONDITIONS, IF E ABOVE CAUSE (A) NG CONDITION LAS II IIFICANT CONDITIONS ATH BUT NOT RELATED	ANY, GIVING STATING THE ST. S CONTRIBUTE TO THE TERM	(C)	AS A CONSEQ	UENCE OF:					
20A. DATE OF	CONDITION GIVEN I		FOR WHICH OPERATION WA	AC DEDECORAL	0			101 44770	2010 /V :	
	0120011	COMPINON	FOR WINCH OPERATION WA	43 PERFORME	D			21. AUTO	PSY? (Yes o	r No)
22A. EXTER	NAL CAUSE WAS		220 01 4 02 0 0 15 11 110 17	1 100		***			Yes	
UNDERLYING	OR CONTRIB-		228. PLACE OF INJURY (e.g., home, farm, factory, street, office	bldg., etc.) IN	JURY OCCUR?	(il in Baltimor	e City, give ex	act location)		
22D. TIME OF INJURY	(Month) (Doy) (Year) (Hou) 22E.INJURY OCCURRED	22	. HOW DID IN	JURY OCCL	JR?			
(APPROX.)			m. WHILE AT NOT AT W	WHILE						
	ted fram: Noturol (-	Inspection Autorities Accident Suicid Mulloy M.D.	topsy 🔀 le 🗌 Han CI ASSIST	HIEF MEDICAL E	Undetermir EXAMINER EXAMINER	ed manner		DATE SIGN 8-4-72	
NAME (T		iam P.	Mulloy, M.D.	ASSOC	IATE MEDICAL E	XAMINER			0-4-12	
AA. BURIAL CREA	MATION, 248. DAT		24C. NAME of CEMETERY	or CREMATOR	Y 24D.	LOCATION	(City, town	n, or county)	(Stot	e)
Burial	8-8	-72	Cedar Hill	Cemeter	Y A	nne Ar	rundel	Ctv.	Md.	
AUG?	BY HEALTH DEPT.	7 . 258. N	AME OF REGISTRAR	25C. FL	C March	OR	A	DDRESS		
151-REV. 1/1/68		1	1 1 1 1 Y	13 6	8 1					



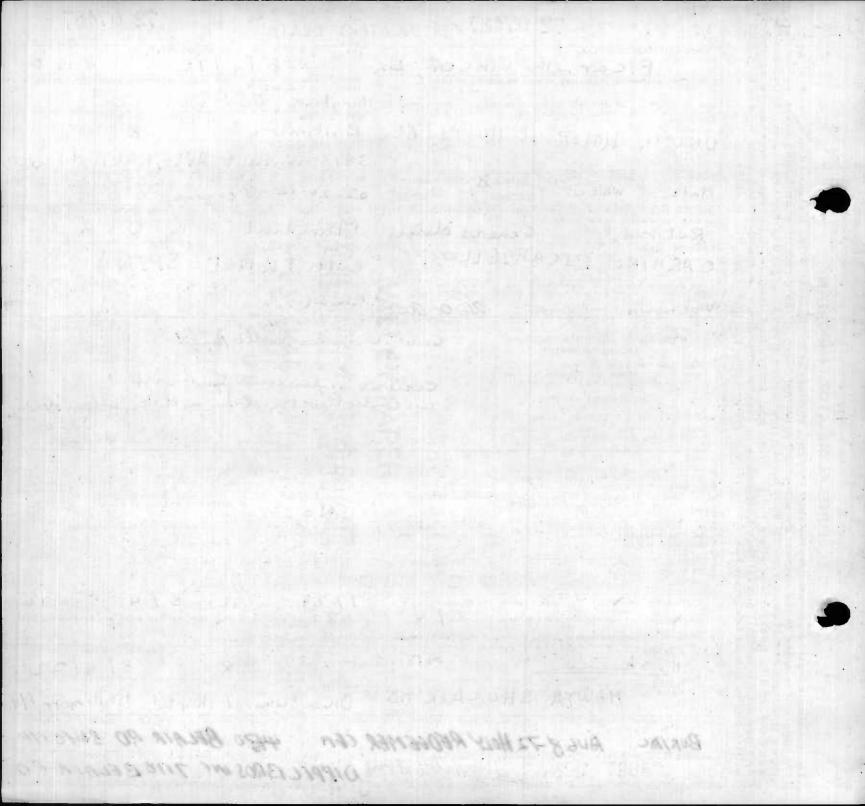
72 07486 CERTIFICATE OF DEATH of death Deceased Such BIRTH NO. I.NAME OF DECEASED (Type or Print) 0 Wilkinson August 2, hospital death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance (2) cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION! Maryland C. CITY OR TOWN cause; 2 O 1008 Woodson Road Baltimore prior contributing E. STREET AND NUMBER occurred Undetermined is made. 1008 Woodson Raga in regular 5. SEX 6. RACE 7. MARRIED NEVER MARRIED 9. AGE (In years 8. DATE OF BIRTH deceased Female white WIDOWEDK DIVORCED ctober 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 13. BIRTHPLACE (Stote or loreign country) isposition done during most of working life, even if retired) 0 homemaker home Maryland Mas 13. FATHER'S NAME direct the 14. MOTHER'S MAIDEN NAME 3 Daniel S. Jones Sarah eath 00 0 kind; 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMANT final (Yes, no or unknown) (If yes, give war at dotes at service) SECURITY NO. attendance B Family records none any pronounced 0 18. CAUSE OF DEATH Also, DISEASE OR CONDITION DIRECTLY o embalmed LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: hearl failure, ostheria, etc. It meons the disease, the chief medical examiner examiner. regular injury or complication which caused death.) ANTECEDENT CAUSES who are 4 DISEASES OR CONDITIONS, if ony, giving ල rise to the abave couse (A) stating the 2 physician remains UNDERLYING CONDITION last medical MOS burns; Н CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING hysician TO THE DEATH BUT NOT RELATED TO THE TERMINAL Body DISEASE OR CONDITION GIVEN IN PART 1 (A) the 19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION the 8 20A. AUTOPSY? (Yes or No) WAS PERFORMED before the body was released to the hospital by 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, farm, factory, street, affice bldg., INJURY OCCUR? ā °Z MEDICAL DEATH (notify medical examiner) any nature; obtained 21 D. TIME 9 (Month) (Doy) (Year) (Houd) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY approved (except Not While While At | (APPROX.) and Wark At Wark 22. I certify that (I) (this hospital) attended the deceased from that (1) (we) lost saw the deceased alive an pe of eath) hospital and haur and from the causes stated above. (1) (He) (did) (did not) view the bady after death. must An accident 23A. SIGNATURE cortificate must T Attending / Med. 0 Staff Director approval Phys. 0 DEGREE 23C. PHYSICIAN'S NAME (Type) prior 23 D. ADDRESS to 2045 A was D.O.A. shows: (1) deceased written ap 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION 8-5-72 Baltimore emeteri 25A. DATE REC'D BY HEALTH DEPT 25C. FUNERAL DIRECTOR 97 VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT 72 07486 DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission)
A, STATE B, COUNTY D. INSIDE CITY LIMITS? YES X NO Months Doys Hours Il Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? USA Roberts ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exact location) ond that In (my) tour opinion death occurred on the date York Roed, Timonium, Md. 21093 (State) uland ADDRESS



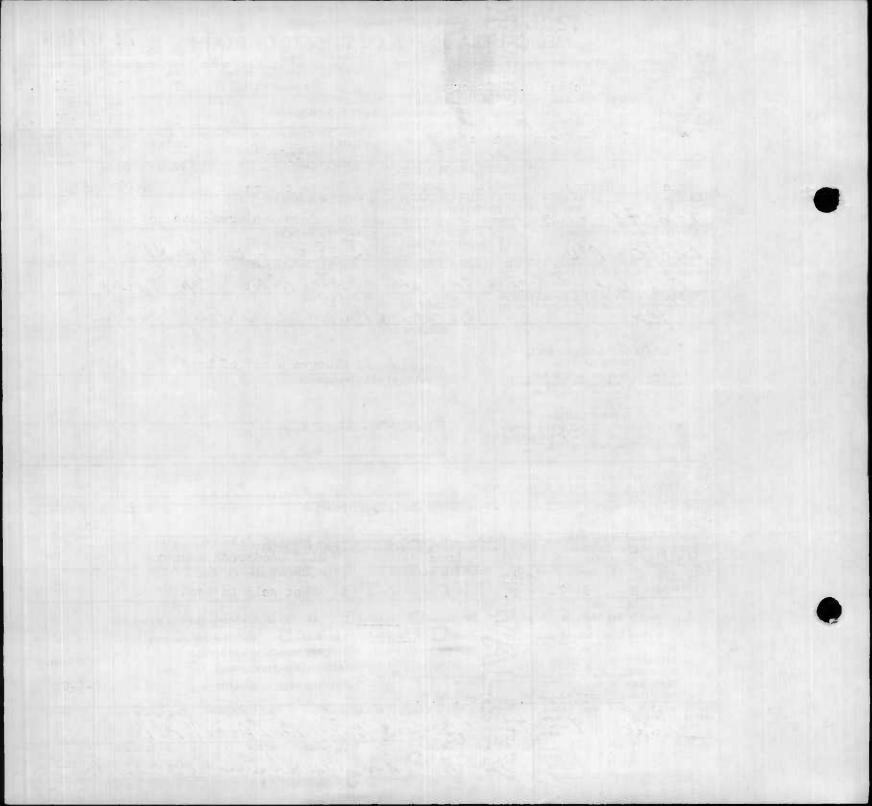
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	200	BALTIMORE CITY	HEALTH DEPARTMENT	לים גיים חיים			
	72	07487 CERTIFICA	TE OF DEATH REG. NO.	72 07487.			
1111	NAME OF DECEASED		2, DATE AND HOUR OF DEATH				
		· Vincent L.	2 (4 /72	1 8-15 P.			
1	3. PLACE IN BALTIMORE MARYLAND, WHE		4. USUAL RESIDENCE (Where deceased lived. If in	141.			
			A. STATE 8. COUNTY	7-7-5			
	FULL NAME OF (IF NOT IN HOSPITAL HOSPITAL OR ADDRESS OR LOCATION	OR INSTITUTION, GIVE STREET	Haryland U.S.A	1 2 1 5 2			
				IDE CITY LIMITS?			
1	UNION MEMORIA	L HOSPITAL	E. STREET AND NUMBER	YES NO			
	+4		3813 Walnut AVE	RAINI Malana			
-	SEX 6. RACE 7.		8. DATE OF SIRTH 9. AGE (In years				
	M. L. White	MAKKIED TITLE TO THE TENTH TO T	last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.			
	0A. USUAL OCCUPATION (Give kind al work 10:	WIDOWED DIVORCED DIVORCED		12. CITIZEN OF WHAT COUNTRY?			
	lane during most of working life aven if satired)		A1 1				
	Retired	General Motors	Maryland	O,5.A.			
	CARMINE PICA	RIFILO	14. MOTHER'S MAIDEN NAME	A			
	CARMINE PICA	1/16/60	CONSTANCE S	PINA,			
1	S. Was Deceased Ever in U. S. Armed Farces	? 16. SOCIAL	17. INFORMANT	ADDRESS			
	Yes, no ar unknown) (If yes, give war or dates a	011	chart,				
	Un Known.	CAUSE OF DEATH		APPROXIMATE INTERVAL			
	73617			BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIREC		vasenler Collerper.				
	(This does not mean the made at dy	ying, e.g., (A) IMMEDIATE CAU	SE A CONSEQUENCE OF:				
	heart failure, asthenia, etc. It means the	e disease,	ovascular accident o	nah			
-	ANTECEDENT CAUSES	cetto:	lade in eli . 1	1.1.			
DISEASES OR CONDITIONS, if any, giving (B) Lin Controlled Princetes mellitis a DUE TO, OR AS A CONSEQUENCE OF:							
	rise to the above cause (A) st			- 1			
	UNDERLYING CONDITION loss.	(C)		Oashagin			
	Z CYLLER CLCALLE CANT CONDITIONS CONTI	DIRIGINALC					
	OTHER SIGNIFICANT CONDITIONS CONTI	TERMINAL					
1	DISEASE OR CONDITION GIVEN IN PART I		20 A. AUTOPSY? (Yes or No.) 208, IF YES, WERE	FINDINGS CONSIDERED			
	WAS PERFOR	RMED	N C IN CERTIFYING CA	USES OF DEATH?			
	U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	or about 21C. WHERE DID (If in Baltimo	re City, give exact location)			
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	home, form, loctary, street, off etc.)	ice bidg., INJURY OCCUR?				
	O 21D-TIME (Month) (Doy) (Year) (Hour 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
	S OF INJURY (APPROX.)	While At Not While					
		Walk - Al Wolk					
	22. I certify that (1) (this haspital) a	0 1 .1	07/24 1972 10 8				
	that N (we) last saw the deceased	alive an 3 (4	19 7 2 and that In (The) (aur) ap	inian death accurred an the date			
	and haur and from the causes stated	abave. (I) (We) (did) (diducat) vi	iew the bady after death.				
	23A. SIGNATURE	MO		23B. DATE SIGNED			
	H. Shocen	GEGREE Phys	Med. Staff Phys.	8/4/72			
	23C. PHYSICIAN'S NAME (Type) MA (1) Y ()	= 11 - 0 - 0	23D. ADDRESS	D 14.			
	MAWIA	240 CHIK ND	Union Memorial Hospil	al Baltinore Ma			
	24A. 8URIAL CREMATION, 248. DATE REMOVAL (Specily)	24C. NAME of CEMETERY of CRE	MATORY 24D, LOCATION (C	ity, tawn, ar caunty) (State)			
	BURIAL AVG X-7	23 HAIN DENCEMA	O CEM IMIZO RELA	IR RD BALLO ME			
	25A. DATE REC'D BY HEALTH DEPT. 125	18 NAME OF REGISTRAN	R CEM 14470 BELA	ADDRESS			
	AUG7 1972 7	Travey whostor	DIPPEC BROSING 71	110 BELAIR RO			



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NAME OF DECEASED Wichael G. Smithery 2. DATE OF MEATLAND. DIMEN Month Day Year Hour DATE Property Pro
Type of Print
A PLACE IN BATIMORE, MARYLAND, WHERE PRONOUNCED DEAD PRONOUNCED DEAD ADDRESS COLCATION) ADDRESS COLCATION 2429 WOOdbrook Avenue 3. SEX PRACE
PRONOUNCED DEAD 8 3 72 9:33 P. M. 10. STATUTION 24. PROSIDENCE (Where deceased lived, il initiation residence before edimination) 24. PROSIDENCE (Where deceased lived, il initiation residence before edimination) 3. USUAL RESIDENCE (Where deceased lived, il initiation residence before edimination) 3. USUAL RESIDENCE (Where deceased lived, il initiation residence before edimination) 3. USUAL RESIDENCE (Where deceased lived, il initiation residence before edimination) 3. USUAL RESIDENCE (Where deceased lived, il initiation residence before edimination) 3. USUAL RESIDENCE (Where deceased lived, il initiation residence before edimination) 3. USUAL RESIDENCE (Where deceased lived, il initiation residence or distance) 3. USUAL RESIDENCE (Where deceased lived, il initiation residence or distance) 3. USUAL RESIDENCE (Where deceased lived, il initiation residence or distance) 3. USUAL RESIDENCE (Where deceased lived, il initiation residence or distance) 3. USUAL RESIDENCE (Where deceased lived, il initiation residence or distance) 3. USUAL RESIDENCE (Where deceased lived, il initiation residence or distance) 3. USUAL RESIDENCE (Where deceased lived, il initiation residence or distance) 3. USUAL RESIDENCE (Where deceased lived, il initiation residence or distance) 3. USUAL RESIDENCE (Where deceased lived, il initiation residence or distance) 3. USUAL RESIDENCE (Where deceased lived, il initiation residence or distance) 3. USUAL RESIDENCE (Where deceased lived, il initiation residence or distance) 3. USUAL RESIDENCE (Where deceased lived, il initiation residence or distance) 3. USUAL RESIDENCE (Where deceased lived, il initiation residence or distance) 3. USUAL RESIDENCE (Where deceased lived, il initiation residence or distance) 3. USUAL RESIDENCE (Where deceased lived, il initiation residence or distance or di
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P. DATE OF BIRTH D. A. G. (In yeorn lost birthday) Months Days Hours Min. 2429 Woodbrook Avenue
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22D. TIME (Month) (Doy) (Year) (Hour) 122E.INLUM OCCURRED 122F. HOW DID INJURY OCCURR
OF INJURY (Month) (Doy) (Year) 9:33 VALUE AT
(APPROX.) 8 3 72 P.m. WORK AT WORK S Shot self in head
23.
I certify that I held an Inquiry Inspection Autopsy and that on this basis, death in my opinion
resulted from: Natural causes Accident Sulcide Homicide Undetermined manner
CHIEF MEDICAL EXAMINER
ACTUAL SIGNATURE SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S ASSOCIATE MEDICAL EXAMINER 8-4-72
NAME (Type) William P. Mulloy, M.D.
246. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Brigish 8-8-72 MARYLAND MAT PORK / OUROL MA
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
ALICY 1072 4 1 1 1 1 1 1 1 1 1
5 151-REV. 1/1/68



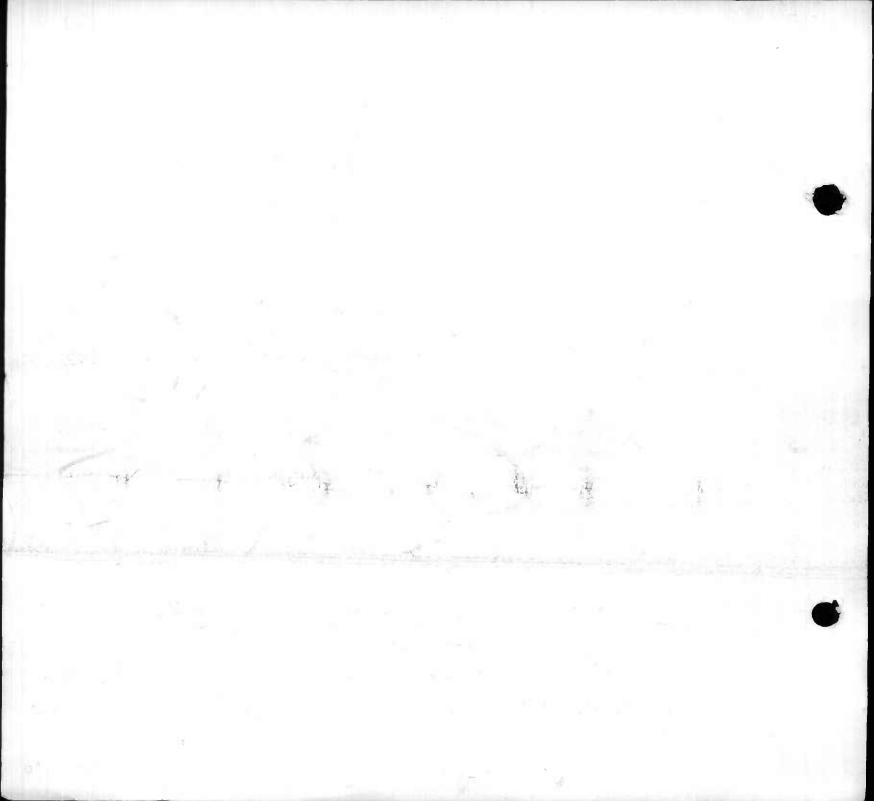
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	189 BALTIMORE CITY	Y HEALTH DEPARTMENT	REG. NO	72 07489
I. NAME OF DECEASED (Type or Print) ADD/E WAR	STATE OF MA	2. DATE AN	D HOUR OF DEATH	125 1
		NA HELIAL DESIDENCE (W/	\$//2	tution: residence before admission)
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON FULL NAME OF (IF NOT IN HOSPITAL OR INST HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	TITUTION, GIVE STREET	BALTIMO	ORE	E CITY LIMITS?
UNIVERSITY HOSPI		E. STREET AND NUMBER	mity s	57.
FEMALE BUACK WIDOWE			9. AGE (In years 70 I last birthday)	ti Under 1 Yr. Il Under 24 Hrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if relired) HOUSE WIFE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Slote or lorein		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME UN KNOWN		14. MOTHER'S MAIDEN NAM		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or doles of service) [[MANO]		Chart		ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEAT	TUREDOW	0515	APPROXIMATE INTERVAL BETWEEN ONSEY AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, givin rise to the above cause IA) stoling the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A).	(c)	A CONSEQUENCE OF:		
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	Vhile At Not While	• 🗆		
22. I certify that (i) (this hospital) attended that (i) (we) lost sow the deceased alive on	F3/1/	7/28 19 19 7 2 and the	9 72 to 8/	19 /Z in death accurred on the date
ond hour and from the couses stated above. 23A-STONATURE Carl D. Light M	(i) (We) (did) (did not) v	lew the body after death.		B. DATE SIGNED
23C. PHYSICIAN'S NAME (Type) PAUL D. LIGH	OF GREE!	UNNERS1	TY A	SPAR
24A. BURIAL CREMATION, 24B. DATE 24C.	NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (City,	town, or county) (Stote)
	Mt Auburn Ce	9	Baltimore,	Md
	OF REGISTRAR	25C. FUNERAL DIRECTOR	Halstead 1	ADDRESS
VS 150-REV. 1/1/68	1			

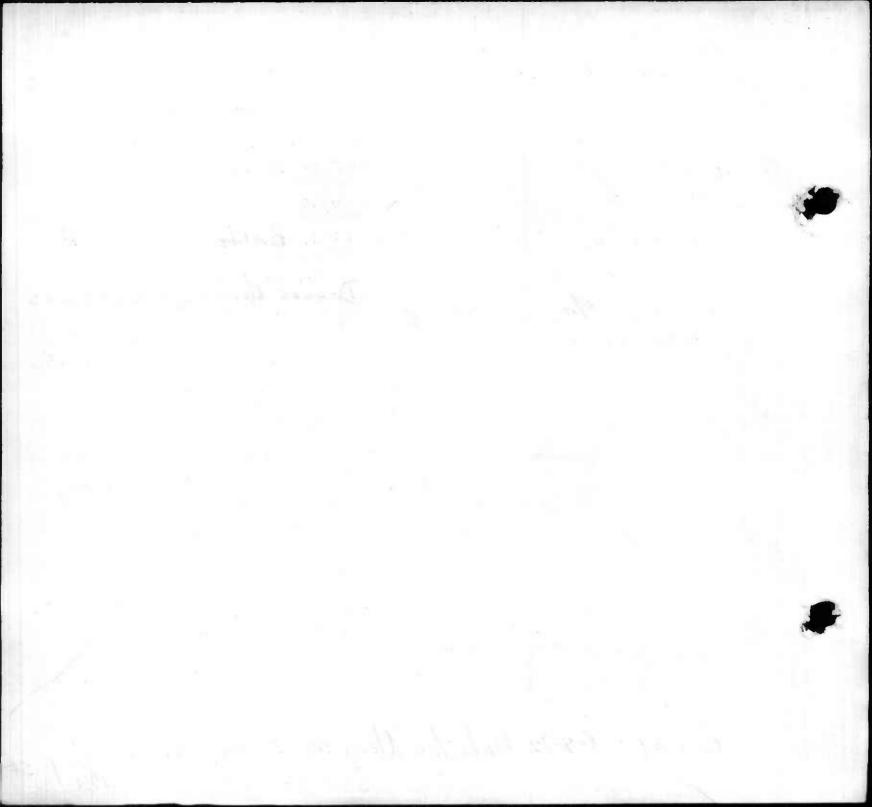
date of Birth obtained

For Bureauer tuberculosis.

VS 150-REV. 1/1/68



	72 07491 BALTIMORE CIT	Y HEALTH DEPARTMENT	1401
BIRTH NO.	CERTIFICA	TE OF DEATH REG. NO. 72 (77	491
1. NAME OF DECEASED	DIRIE OF	MARYLAND - DHMH 2. DATE AND HOUR OF DEATH	
CHARLESE Me	rcet Sv,	8-5-72 6:	35 AM
3. PLACE IN BALTIMORE, MARYLAN	D, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence to A. STATE B. COUNTY	before admission)
FULL NAME OF (IF NOT IN HE HOSPITAL OR ADDRESS OR	OSPITAL OR INSTITUTION, GIVE STREET LOCATION)	mal. BALT. city	703
BON JECOUT	- Hondel	D. Hisibe diri Elimitsi	
Jeepor J	5 HOSPITAL	E. STREET AND NUMBER	10 [
3 1		845 HArlem Aue.	
5. SEX 6. RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years il Under 1 Yr. Iast birthday) Months; Days H	Il Under 24 Hrs.
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Truck driver	Deliveties	not BAITO U.S.	4
13. FATHER'S NAME	Vectoer 1e3	14. MOTHER'S MAIDEN NAME	1,
Basil Merce	R	Erma Jackson	
15. Was Deceased Ever in U. S. Arme (Yes, no or unknown) (II yes, give wor or			\$ 5
UNKNOWN A	SECURITY NO.	Patients clant	m178
18,	CAUSE OF DEAT	1.00,100,100	
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heart failure, asthenia, etc. It me injury ar complication which ca	agns the disease	hus with metastases to helar	
ANTECEDENT CAL	01.2014	hus with metastasis to helan	
DISEASES OR CONDITIONS,		A CONSEQUENCE OF:	
rise to the above cause UNDERLYING CONDITION tast		A CONSEQUENCE OF:	
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	ital) attended the deceased fram.	-12 1922 to Aug	19 72
that (1) (we) last saw the dece		19 72 ond that In(my) (aur) aptinton death occurre	ed on the date
and have ond from the causes	stated abave. (I) (We) (did) (did nat) vi	lew the bady after death.	
23A. SIGNATURE	OP SUD	23B, DATE SIGNED	
Tillen.	Atter DeGree Phys	nding Med. Staff Phys. Staff	1_
23C.PHYSICIAN'S NAME (Type)	AL O 2	23D. ADDRESS	
FECIMON	A. SORGE MIN.	Bon Secours House	tal
24A BURIAL CREMATION, 24B. DATE		MATORY 24D, COCATION (City town, or county)	(State)
Duvial 1-5	7-75 Habet	lear le 1 1/1/2	(9.016)
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRE	
AUG7 197	- 1 day in land	2SC. FUNERAL DIRECTOR ADDRE	" / St
10 10 10 10 10 10 10 10 10 10 10 10 10 1	A MAN SAN SAN SAN SAN SAN SAN SAN SAN SAN S	Mill age of Mosel mat !!	11- hours



Such the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the a hospital and deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made. JOHN SON 0 occerred in PRE the chief medical examiner or his assistant if death H Z OF IMPORTANT BY DR. MALLOY FUNERAL DIRECTOR: RELEASED NON-MED approved by This certificate must be

	100	DALIMORE CITTIEA		
72	07492	CERTIFICATE	OF	DEATH

BALTIMODE CITY HEALTH DEPARTMENT

	100	DUELINGUE CITT LICACITY D			70	67400	
)	117492	CERTIFICATE OF	DEATH	REG. NO		07492	
-	0,100	CERTIFICATE OF	DEATH	STA	TE OF	MARYLAND-	DHI
			2. DATE A	NO HOUR OF DEATH			

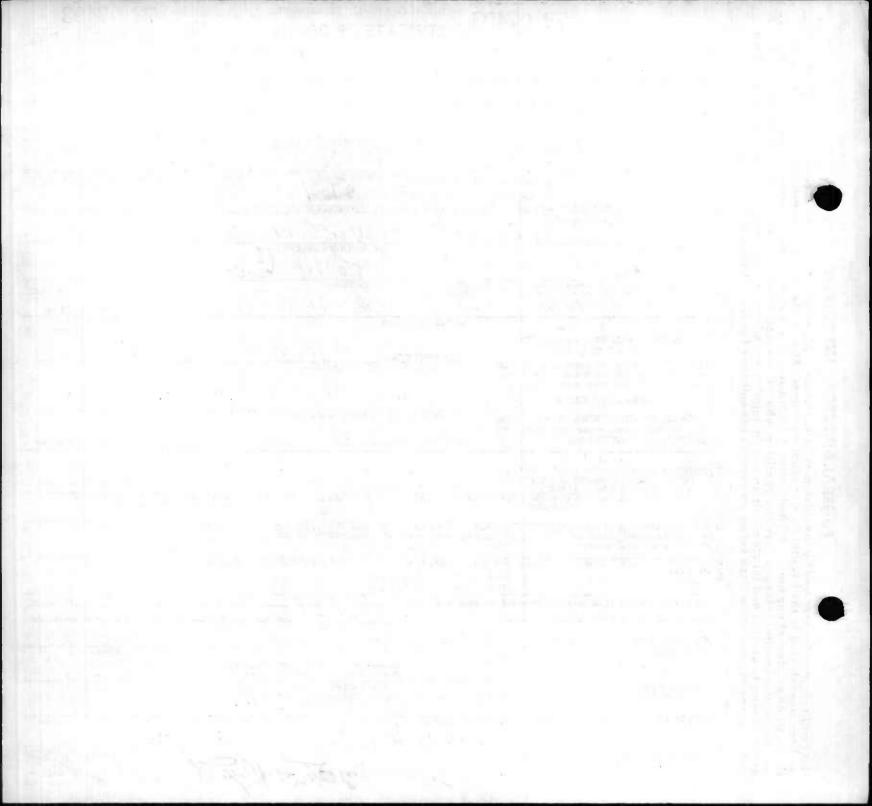
BIRTH NO.	72	0/43	CERTIFICA	TE OF DE	ATH	REG. NO.	TE OF MARYLAND-DHM
1. NAME OF DEC		n Pou	- 1			HOUR OF DEATH	2:50 a.m.
2 DI ACE IN RAI	Johnso			IL USUAL RESID	,	•	institution residence before admission
3. ILAGE IN BAL				11			institution: residence before admissio
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		Maryland C. CITY OR TOWN ID. INSIDE CITY LIMITS?					
NOTITITION				Balti		D. IN:	YES NO
كيخ	T 1 TT 1-2	**		E. STREET AND NUMBER			
The	Johns Hopki	ns Hos	pital	1122	Darley	Avenue	
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTI	H 9,	AGE (In years st birthdoy)	If Under 1 Yr. If Under 24 Hr Menths: Days Hours Min.
Male	Negro	WIDOWED	DIVORCED [1/1/23		49	
	UPATION (Give kind of work working life, even if refired)	JOB KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign	Country)	12 CITIZEN OF WHAT COUNT
cone during most of	working hie, even a tennes,	NATION	AL GYSUM COMP	ABUCKINGHA	M CTY,	VIRGINIA	U. S.A.
3. FATHER'S NA	ME			14 MOTHER'S M	MAIDEN NAME	E	
	Frank Johns	on		Carr	ie Jon	es	
5. Was Deceased	Ever in U. S. Armed For	ces?	1 & SOCIAL	17. INFORMANT			ADDRESS
	(If yes, give war or dote	s of service)	SECURITY NO.				
YES 18.	1 1943-1946		230-18-98-2 CAUSE OF DEAT	I MRS DO	DROTHY	NOSUHO	1122 DARLEY AVENUE
1 / /	SE OR CONDITION DI	ECTI V					BETWEEN ONSET AND DEA
DIJEA	LEADING TO DEATH	W. C. I.	4 - 11414 (1744 1747 1744	A CONSEQUENCE		to an	rest KO 11
(This does	not mean the mode of	dying, e.g.,	DUE TO, OR AS	A CONSEQUENCE	OF:	my -	
heart failure,	asthenia, etc. It means nplication which caused	the disease,					
	ANTECEDENT CAUSES		D. D.	01/		possible.	P
and the second second			(B) ONE TO OR AS	A CONSEQUENCE	05. 17	soulle.	Make
	OR CONDITIONS, if			A CONSEQUENCE	OFI		
	G CONDITION last.		(c)				
	11						
O OTHER SIGNI	FICANT CONDITIONS CO	NTRIBUTING	Unk	noten.			
V DISEASE OR C	TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR	T 1 (A).					
OTHER SIGNII TO THE DEAT DISEASE OR CO 19A. DATE OF	F OPERATION 19% CON WAS PER	DITION FOR	WHICH OPERATION	NO NO	(Yes of No)	IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
EL 21A. ACCIDE	NT WAS UNDERLYING	218	PLACE OF INJURY (e.g.,	in or about 21 C. WI	IERE DID	(If In Boltime	ore City, give exact location)
, OR CONTRIB	UTING CAUSE OF medical examined	hon	ne, farm, factory, street, o	ffice bidg, INJURY	OCCUR		
21D.TIME	(Month) (Doy) (Year)	(Hour 215	INJURY OCCURRED	215, 80	W DID INJU	RY OCCUR?	
2 OF MISORI	(Ivionini) (Doy) (Ieau		ile At Not Whi		W DID INGO	AT OCCOM!	
(APPROX.)	-	W	or La At Work				
	that (1) (this hospital			James a	My 4 19	22 to	serve 19
that (I) (we)	last saw the decease	d alive an_	ang 4	19 29	and that	In (my) (our) of	pinian death occurred on the de
	,		I) (He) (did) (did not)	view the body of	ter death.		
23A. SIGNATI				•			23 B. DATE SIGNED
	m 11	11111	17771 06.	ending Me		toff hys	2/11/20
23C. PHYSICI	AN'S	D KAL	DEGREE PAY	23D. ADDRESS	ecier /	Man -	1 0/4/12
NAME (Michael	S. Ka	tz. M.D.		hns Ho	pkins Ho	ospital
			DEGREE				
REMOVAL	(Specify) 248 DATE	24C.M	AME of CEMETERY of CR	EMATORY	24D. LO	LATION	City, town, or county) (State)
Buri	47 8-8-1	2 Ne	w Stove	m1/1	Duc	Kinch	Aug & ViA.
25A. DATE REC'E	HEALTH DEPT.	258. NAME	OF REGISTRAR	25C FUNERA	L DIRECTOR	41	ADDRESS
	400 (19/C	1	chey when	ON MORSO	TRUSPY)	1211 124	+ 1101- LHUVE
	11.0		//		11 32		

VS 150-REV. 1/1/68

The state of the s

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

72 07493 CER	MORE CITY HEALTH DEPARTMENT	72 07493
BIRTH NO.	TIFICATE OF DEATH REG. NO.	STATE OF MARYLAND-DHMH
1. NAME OF DECEASED	2. DATE AND HOUR OF DE	
Type or Print WALTER CO	00/) 8/5	17212 DM
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY	L If institution residence before admission)
FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GWE	STREET MAKULANA	1300
INSTITUTION	c. CITY OR TOWN	. INSIDE CITY LIMITS?
Mary ord General 140	E. STREET AND NUMBER	YES NO NO
824 Lindby Avel	1308 PRAC	dish AVE
5. SEX 6. RACE 7. MARRIED NEVER M	ARRIED 8. DATE OF BIRTH / 9. AGE (In years	If Under 1 Yr., If Under 24 Hrs. Months Days Hours Min.
WIDOWED DIV	DRCED 10 12 /2 /03 lost birthday)	O Mina
IDA, USUAL OCCUPATION (Give kind of work IDB, KIND OF BUSINESS of done during man of prorking life, even if refleed)	R INDUSTRY 11. BIRTH/LACE (State of foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret'd Kelived	- VARGINIA	11514.
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME	1
HLEXAGNER COOK	YOUV COOK	
15. Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL (Yes, no at unknown) 11 yes, give war of dated of service) SECURIT	NO. 17. INFORMANT	ADDRES Howard
NA 217.	03-9878 HATCHECA	nder (00 K - 2031
18. 5 30 , OI CAUS	OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	141POVIO	1/2 /2
(A)IM	MEDIATE CAUSE E TO, OR AS A CONSEQUENCE OF:	12 700
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	- 0	
ANTECEDENT CAUSES	HEMORRAGE PULMO	NARRI 1 thr
DISEASES OR CONDITIONS, if any, giving	E 10, OR AS A CONSEQUENCE OF:	
rise to the above cause (A) stating the UNDERLYING CONDITION last.	ASPIRATION	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	ACHTAL ASIA.	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	ATION [20A. AUTOPST? (Yes or No.)] 20B. IF YES, Y	WASH EINDINGS CONSIDERD
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPER WAS PERFORMED	IN CERTIFYIN	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF II	NJURY (e.g., in or about 21C. WHERE DID (il in B.	altimore City, give exact location)
DEATH (notify medical exemined)	ny, steet alice bidg, injust occurs	
21D-TIME (Month) (Doy) (Year) (Hour 21E INJURY OC	CURRED 216. HOW DID INJURY OCCUR?	
(APPROX.) While At	Not While	
22. I certify that (1) (this hospital) attended the deceased		8/11/2
that (1) (we) last saw the deceased alive an		
and hour and from the causes stated above. (1) (We) (did)		
23A. SIGNATURE		23& DATE SIGNED
1 Chillie	DEGREE Phys. Director Phys.	18/5/72
23C. PHYSICIAN'S NAME (Type) A A LANGE (Type)	Jacob a process	EPT ST
AIC WILKE	OEGREE 3599 18 PALV	~ / 0/
24A FURIAL CREMATION 248, DATE 240 NAME OF CEM	ETERY of GREMATORY 24D. OCATION	(City, town, or county) (Stote)
Du / A / 8-7-12 MERILITIE	SMAMPK DA HO	, Met - 1
AUG? 1972 Subject of REGISTRAL	25C. FUNERAL DIRECTOR	ADDRESS ST
	work no balant dy yell	11101-hAurons
VS 150-REV. 1/1/68		

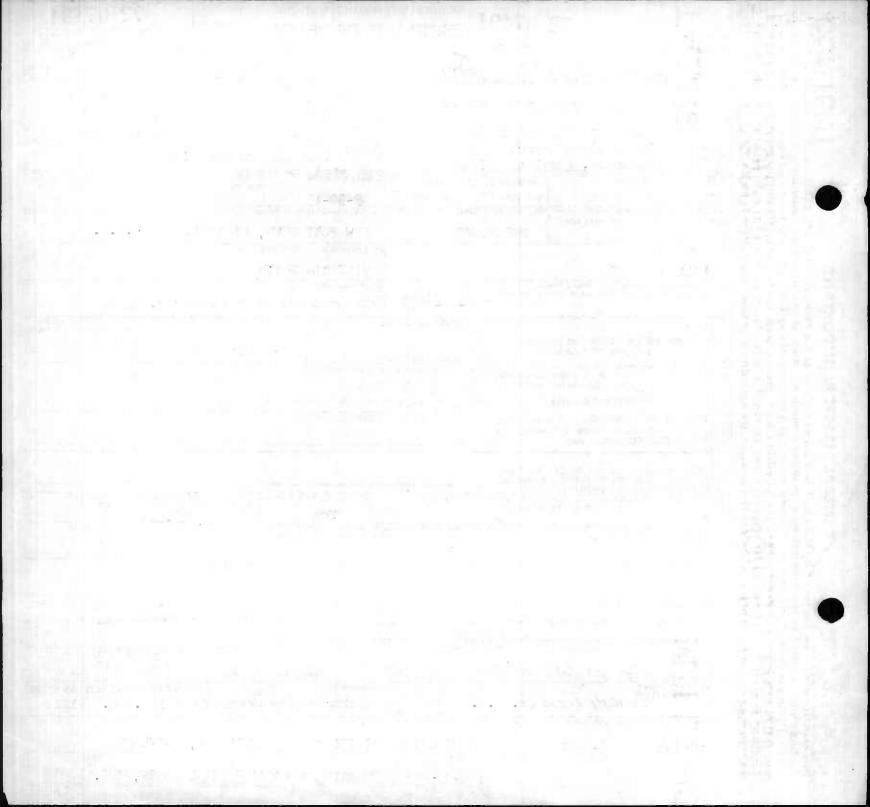


certificate must be

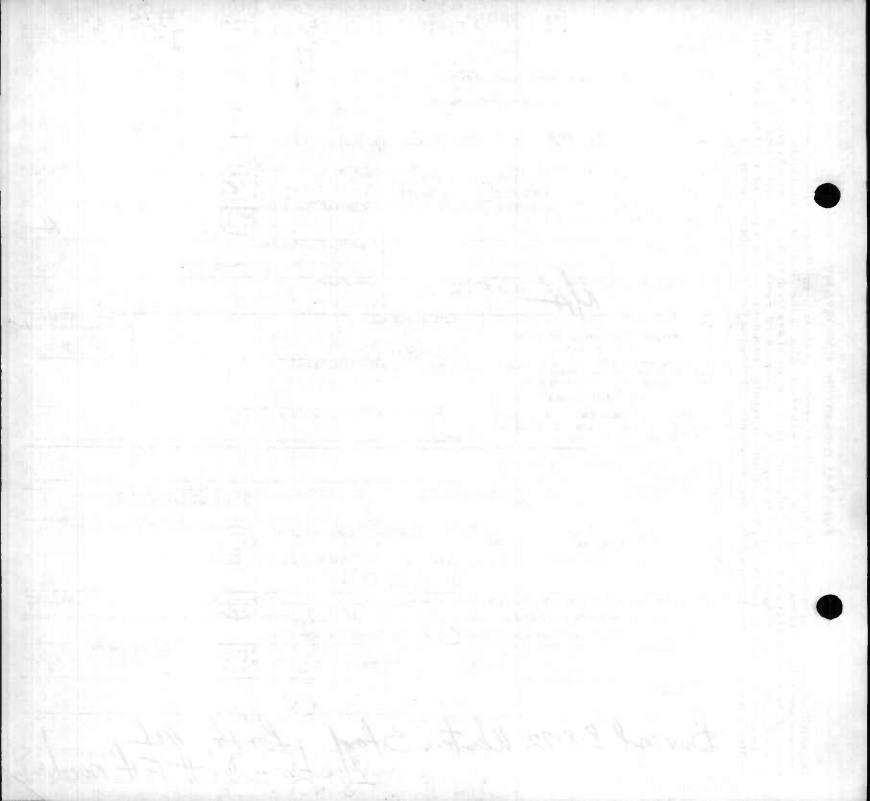
VS 150-REV. 1/1/68

BALT	TIMORE CITY HEALTH DEPARTMENT 72 07494
72 07494 CE	DTICICATE OF DEATH REG. NO.
BIRTH NO.	STATE OF MARILAND-DRMH
(Type or Print) SMITH, LEROY JV	STATE AND HOUR OF DEATH 7 30 PM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONDUNCED DEA	Maryland 1/00 L
FULL NAME OF (IF NOT IN HOSMTAL OR INSTITUTION, GIVE HOSMTAL OR ADDRESS OR LOCATION)	C, CITY OR TOWN D. INSIDE CITY LIMITS?
Baltimore City Hospitals	Baltimore YES X NO
3 4940 Eastern Avenue Baltimore, Maryland 21224	E. STREET AND NUMBER 637 Rosedale Street 21216
5. SEX 6. RACE 7. MARRIED NEVER A	MARRIED 6. DATE OF BIRTH 9. AGE (In years lost birthday) 1/6. If Under 24 Hrs. Months Days Hours Min.
done during most of working life, even # refired) UNEM PLOYED	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM SMITH	VICTORIA SMITH
15. Was Deceased Ever in U. S. Armed Forces? 16 SOCIAL	
(Yes, no or unknown) (If yes, give war or dates of service) 717-09	9-0433 BCH Records 4940 Eastern Ave. 21224
18. / / / / CAU	SE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	MMEDIATE CAUSE PNEUMONIA
(this does not mean the mode of dying, e.g.,	DUE TO, OR AS A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	CARCINOMA OF LUNG
	DUE TO, OR AS A CONSEQUENCE OF:
rise to the above cause (A) staling the UNDERLYING CONDITION last. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN (IN PART 1 (A). 1974. DATE OF OPERATION 1978. CONDITION FOR WHICH OPE WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING TO 121B. PLACE OF	PRATION 20A AUTOPSYS (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, form, for DEATH (notify medical examines)	INJURY (e.g., in or about 21 C. WHERE DID (If the Boltimore City, give exact location) clary, street, office bidge INJURY OCCUR?
21D. TIME (Month((Doy) (Year) (Hour) 21E, INJURY OF INJURY (APPROX.) While At Work	CCURRED 21F. HOW DID INJURY OCCUR? Not While At Work
22. I certify that (I) (this hospital) attended the decease	
that (i) (we) last saw the deceased alive an	8 4 19 72 and that in (my) (our) opinion death occurred on the date
and haur and fram the causes stated above (1) (We) (did	
23A. SIGNATURE	23 B. DATE SIGNED
S(vear MD)	Attending Med. Staff Phys.
23C.PHYSICIAM'S NAME (Type) Stanley Zoyac Jr. M.D.	Page 23D. Address 4940 Eastern Avenue Baltimore City Hospitals Balto. Md. 21224
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEA	DEGREE METERY OF CREMATORY 24D. LOCATION (City, town, or county) (State)
BURIAL 8-9-72 MOUNT	AUBURN CEMETERY BALTIMORE, MARYLAND
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRA	AR) 25C. FUNERAL DIRECTOR ADDRESS
AUG? 1972 Traney In	MORTON & DYETT FUNERAL HOMES, INC. 1701

LAURENS



	TY HEALTH DEPARTMENT 72 U7495
BIRTH NO. 72 U7495 CERTIFICA	ATE OF DEATH REG. NO. STATE OF MARYLAND-DHMH
1. NAME OF DECEASED (Type or Print) LOISE. WATKINS	2. DATE AND HOBR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, It institution: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	1605
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Johns Hopkens Hospital	E. STREET AND NUMBER
133	2430 Edmondson Ave.
6. RACE WIDOWED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years last birthday) 1 3/23/20 1 Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
IOA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRI	
Domestic Worker Domestic	BATIMORE, Md. U.S.4
Catuso Franklin	14. MOTHER'S MAIDEN NAME TO BLOW WIGGINE
	17. INFORMANT ADDRESS //
S. Wes Decessed Ever in U. S. Armed Forces? Yes, no or unknown) Ill yes, give year of dales of Bervice)	Joyce Brown Baltimore Md 213
18. 199 1 CAUSE OF DEA	APPROXIMATE INTERVAL
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	eus carcenoma l'este 2ms
(A)IMMEDIATE CA	AUSE S A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	3 × CONSEQUENCE ON
ANTECEDENT CAUSES	
(8)	AS A CONSEQUENCE OF:
rise to the above cause (A) stating the	
UNDERLYING CONDITION lost. (c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A),	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A. DATE OF OPERATION 179B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING TO 121B PLACE OF INJURY (e.g.	20A. AUTOPSTY (Yes of No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	in or obout 21 C. WHERE DID (If In Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, fectory, street, etc.)	office bidg. INJURY OCCUR?
210-TIME (Manth) (Day) (Year) (Hour) 21E INJURY OCCURRED	
of winer	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) While At Not Will At Work	hilo
	hilo
Wark At Wor	July 19 19 72 10 July 4 1972
22. I certify that (1) (this hospital) attended the deceased from	July 19 19 72 to July 1972 19 72 ond that in (my) (aur) opinion death occurred on the date
22. I certify that (i) (this hospital) attended the deceased from that (i) (we) last sow the deceased above. (i) (We) (did) (did not) 23A. SIGNATURE	view the body after death.
22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last sow the deceased alive on did did, (did not) 23A. SIGNATURE DEGREE AT WORK A	the life of the last of the la
22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last sow the deceased above. (I) (We) (did) (did not) 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	view the body after death.
22. I certify that (I) (this hospital) attended the deceased from thot (I) (we) last sow the deceased olive on and haur and from the causes stated above. (I) (We) (did) (did not) 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) PHYSICIAN'S DEGREE 24A. BURIAL GREMATION 24B. DATE 24C. NAME of CEMETERY or CEMETERY	the life 19 19 19 19 19 19 19 1
22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last sow the deceased alive on and haur and from the causes stated above. (I) (We) (did) (did not) 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) PARTICLE AND DEGREE OF CREMATION 24B. DATE 24A. SBRIAL CREMATION 24B. DATE 24A. SBRIAL CREMATION 24B. DATE 24C. NAME of CEMETERY or C	the life 19 19 19 19 19 19 19 1
22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last sow the deceased alive on and haur and from the causes stated above. (1) (We) (did) (did not) 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BBRIAL CREMATION 24B. DATE 24C. NAME of CEMETERY o	the life 19 19 19 19 19 19 19 1
OF INJURY (APPROX.) While At Mat Work 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last sow the deceased above. (I) (We) (did) (did not) 23A. SIGNATURE 23C. FHYSICIAN'S NAME (Type) PAYMOND DEGREE 24A. BURIAL CREMATION 24B. DATE 24C. NAME of CEMETERY OF CEMETERY O	The pulse of the policy of the pulse of the



Undetermined cause; (5) attend contributing prior T regular deceased = MOS the 4 IMPORTANI assistant 0 eath or final attendance 0 any pronounced balmed fracture ular DIRECTOR: E who regi are the remains hysicia Was burns; FUNERAL physician ۵ Body 8 before 3 where hospital ° nature; ained 9 proved (except and the any obte 0 pe 0 hospital eath) must accident 7

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BALTIMORE CITY HEALTH DEPARTMENT 72 07496 72 07496 CERTIFICATE OF DEATH BIRTH NO. STATE OF MARYLAND-DHMH 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH Type or Print) 16LLIAN AUG. 5/72 CARRINGTON #:15A.19 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. Il institution: residence before admission)
A. STATE
B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? YES 🔽 NO LUTHERAN HOSPITAL OF MARYLAND KEVIN Ö 5. SEX 6. RACE disposition is ma 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years lost birthday) If Under 1 Yr. Il Under 24 Hrs. Months! Doys WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) 13. FATHER'S NAME MOTHER'S MAIDEN NAME MIA 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 7. INFORMANT (Yes, no or unknown) (If yes, give wor or dates of service) ADDRESS SECURITY NO. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY CARDIORESPIRATORY ARREST LEADING TO DEATH (A) IMMEDIATE CAUSE (This daes not meon the mode at dying, e.g., DUE TO. OR AS A CONSEQUENCE OF: heart failure, osthenia, etc. It means the disease, injury at complication which caused deoth.) ANTECEDENT CAUSES SEPTICEMIA DISEASES OR CONDITIONS, il any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 20A-AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, farm, foctory, street, affice bldg., INJURY OCCUR? (If in Baltimare City, give exoct location) MEDICAL DEATH Inotify medical examiner 21D. TIME (Month! (Doy! (Yeoi) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At IAPPROX.) 22. I certify that (1) (this hospital) attended the deceased fram that (I) (we) last sow the deceased office an. and that in(my) (our) apinian death accurred an the date and haur and from the causes stated above. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 238 DATE SIGNED Attending Med. Director approval Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) MANRIQUE ·LUTHERAW HOSPITAL DEGREE BURIAL CREMATION, 248, DATE 24C NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City to wn. county) (Stote) written 25A. DATE REC'D BY HEALTH 250 FUNERAL DIRECTO ADDRES

5-530 BALTIMORE CIT	Y HEALTH DEPARTMENT				
BIRTH NO. 72 07497 CERTIFICA	ATE OF DEATH REG. NO. 12 0/497				
1. NAME OF DECEASED	STATE OF MARYLAND-DHM				
(Type or Print) SLADELL (HOLT) SW	12.15 am 4th August				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE B. COUNTY				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	md. 1606				
INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?				
LUTHERAN HOSPITAL OF MARYLAND	BALTIMORE YES NO □				
46	730 ASHBURTON STREET				
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 16. II Under 24 H Months; Days Hours; Min.				
H WIDOWED DIVORCED	5-29-25 47				
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even il refired)					
194	EVERNWOOD D-C 45A				
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME				
James Jm. 15	VAISEY Smilh				
15. Wes Decessed Ever in U. S. Armed Forces? (Ifes, no or unknown) (II yes, give wor or dates at service) 16. SOCIAL SECURITY NO.	INFORMANT ADDRESS				
- Ivo	TRENTAMIN HOH-1602-Ellamon				
DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA				
LEADING TO DEATH	Cardiores fractory arest mounte				
heart failure, ashenia, etc. It means the disease.	A CONSEQUENCE OF:				
injury or complication which caused death.)	the state				
ANTECEDENT CAUSES	A CONSEQUENCE OF				
rise to the above cause (A) stating the	A CONSEQUENCE OFY Late Denormania Classe.				
UNDERLYING CONDITION last. (C).	ill ipeny fur on o.				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE TERMINAL ODISEASE OR CONDITION GIVEN IN PART 1 (A)	***************************************				
19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 8-2-72 A BDOMEN U 21A ACCIDENT WAS UNDERLYING TO 121B PLACE OF INJURY OF I	20A. AUTOPS (10) or No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,)	Yes				
OR CONTRIBUTING CAUSE OF home, form, factory, street, a	thice bldg., INJURY OCCUR?				
	21F. HOW DID INJURY OCCUR?				
S OF INJURY While At Not While					
22. I certify that (I) (this haspital) attended the deceased from	C 2				
that (I) (we) last saw the deceased alive on X - 4 - 7 Z	19 72 and that in(my) (our) opinion death occurred on the do				
and hour and from the causes stated phove. (1) (We) (did) (did set)	The second of th				
23A. SIGNATURE 23B. DATE SIGNED					
negate Phy	anding Med. Staff Staff 84/72				
23C. PHYSICIAN'S NAME (Tree	23D. ADDRESS A 9/ 1 Flich 1/1				
ERNESTO MORFINO MO GERRE	Milheren Hospital of MC.				
24A BURIAL CREMATION, 24B DATE 24C, NAME of CEMETERY OF CRI	EMATORY 24D. LOCATION (City, fown, or country) (Stote)				
Duviat 8-8-12 lut tubur	V BAHimore Nd,				
25A. DATE REC'D BY HEALTH DEPT. AUG 7 1972 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR / ADDRESS				
VS 150-REV. 1/1/68	<u> </u>				

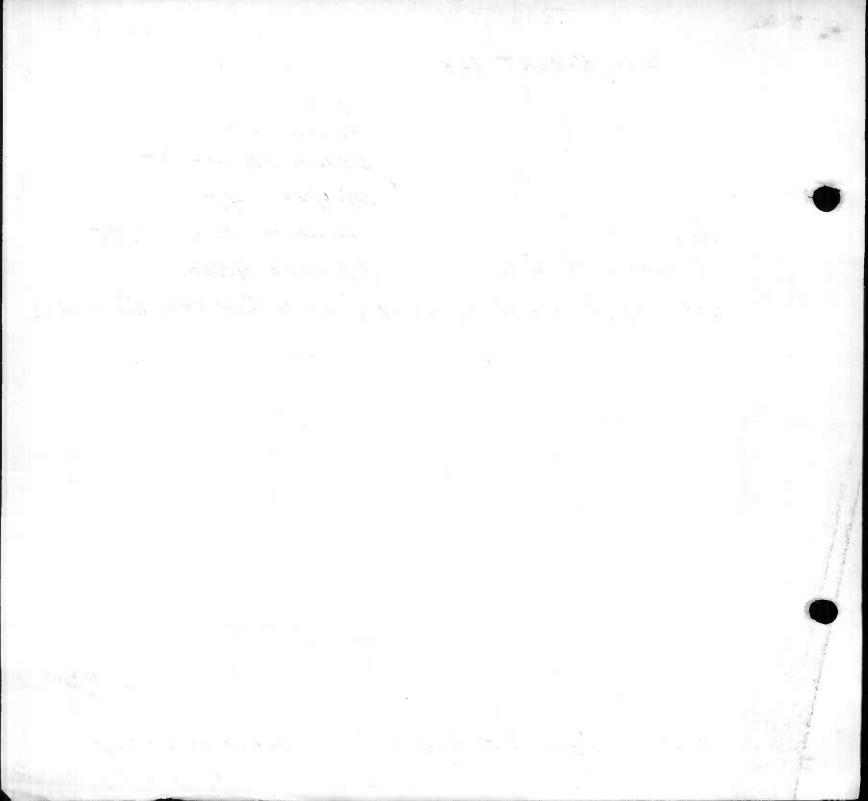
72 07498 STATE OF MARYLAND-DEMH
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 72 07498

BIRTH NO.				
1. NAME OF DECEASED (Type or Print) ROBERT L. WILLIAMS	2. DATE Known Month Day Year Hour OF DEATH Estimoted Month M.			
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD 8 3 1972 12:15a M.			
OR INSTITUTION	S. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY			
Maryland General Hospital	Md. 105			
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?			
male negro widowed Divorced	Balto. YES 🗓 NO 🗌			
9. DATE OF BIRTH 10. AGE (In years H Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours Min.	E. STREET AND NUMBER			
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	1055 Argyle Ave.			
Stone 4/2 60K / A WHAT SOUNTS!?	ROST 2. williams Sa			
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY				
dod during most of working life even if retired)	GENTRUDO DILLARD			
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS			
(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	18. INFORMANT GERTRUDE W. Taylor, Standy Count			
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL			
DISSASS OF CONDITION DIRECTLY Stabwound	of chest			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE C				
	AS A CONSEQUENCE OF:			
Injury or complication which coused death.)				
ANTECEDENT CAUSES (8)				
	AS A CONSEQUENCE OF:			
UNDERLYING CONDITION LAST.				
<u> </u>				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W/	AS PERFORMED 21. AUTOPSY? (Yes or No)			
	yes			
	in or obout 22C. WHERE DID (If in Boltimore City, give exact location)			
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	1055 Argyle Ave.			
22D. TIME (Month) (Doy) (Year) (Hour) 22E. INJURY OCCURRED	22F. HOW DID INJURY OCCUR?			
(APPROX.) 8-3-72 12:30 a m, WHILE AT WORK NOT AT W	WHILE Stabbed by unknown assailant.			
23.				
	tapsy 🔀 and that an this basis, death in my apinian			
resulted fram: Natural causes Accident Suicid				
ACTUAL MIL.	CHIEF MEDICAL EXAMINER LIDATE SIGNED			
SIGNATURE ASSISTANT MEDICAL EXAMINER X				
EXAMINER'S Marvin S. Platt, M.D.	ASSOCIATE MEDICAL EXAMINER 43-72			
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, town, or county) (State)			
KEMOVAL (Specify) & Slig/72 framoury	Plat bary (NOOK VA			
25A. DATE REC'D BY HEALTH DEPT. 25B. MAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS			
AUG7 1972 Sigling from	on May have theyou 688 & felm			
VS 151-REV. 1/1/6B	3111			
14 8 1911	V			

THATLUY OF THE PARTY OF Manage Carlos and State Carlos and Carlos an oli, Li Maria 1 - 120 III .01. ALLES AND THE THE STATE OF THE Convision Billians Commerce to Topics of The State of Black Mart : .0 the state of the s Tomore Styley Lawrey Place Thing Comes The

VS 150-REV. 1/1/68

	72 0	7499 BALTIMORE CITY	HEALTH DEPARTMENT		mo 07400				
BIRTH NO		CERTIFICA	TE OF DEATH	reg. no. STATE	OF MARYLAND-DHNH				
Type or Pr	of DECEASED intl GILL ROBER	TLEE		ND HOUR OF DEATH	1 7 2 0				
3. PLACE	IN BALTIMORE MARYLAND, WHERE P			ere deceased lived. If insti	tution: residence before odmission)				
FULL NA	OR ADDRESS OR LOCATION)	1-1	MD		1603				
INSTITUTIO	Lutheran Ho	Spilal	C. CUY OR TOWN D. INSIDE CITY LIMITS? YES NO						
14	6		E. STREET AND NUMBER	young S	· of				
5. SEX	6- RACE 7- MAR	RIED NEVER MARRIED	8. DATE OF BIRTH		if Under 1 Yr., If Under 24 Hrs. Months Days Hours Min.				
	L OCCUPATION (Give kind of work 108, KIN		11. BIRTHPLACE (State or for	45	12. CITIZEN OF WHAT COUNTRY?				
dr	most of working life, even if retired)		WARRENTER		2151				
13. FATHER	rilliam M Gi	11	14. MOTHER'S MAIDEN NA	Allow					
15. Was De	eceased Ever in U. S. Armed Forces? Inknown) all yes, give wor ar dates of ser	1 6. SOCIAL	17. INFORMANT		ADDRESS				
403	1/17/46-1-2-		SOHNW.	611/3422	Kojco Ave				
	18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY APPROXIMA								
	LEADING TO DEATH does not meen the mode of dying,	(A) IMMEDIATE CAL							
heori	failure, osthenio, etc. It means the dis or camplication which coused deoth.)	eose, DUE TO, OR AS	A CONSEQUENCE OF:						
	ANTECEDENT CAUSES	(B)							
rise	ASES OR CONDITIONS, if ony, g la the obove couse (A) sloting ERLYING CONDITION last.	iving DUE TO, OR AS	A CONSEQUENCE OF:						
	11		- 1						
O OTHER TO THE	SIGNIFICANT CONDITIONS CONTRIBUT E DEATH BUT NOT RELATED TO THE TERMI SE OR CONDITION GIVEN IN PART 1 (A).	ING Renal	Failure.	20-7-7-7-5-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1					
OTHER TO THE DISEASE	ATE OF OPERATION 198 CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A AUTOPSY? (Yes	208 IF YES, WERE FIN	DINGS CONSIDERED				
OR CO	CCIDENT WAS UNDERLYING DESCRIPTION CONTRIBUTING CAUSE OF Inosity medical examined	218. PLACE OF INJURY (e.g., in home, form, fociory, street, of etc.)	t or about 21 C. WHERE DID injury OCCUR?	(If In Boltimore C	ity, give exoci location)				
OF INJ		21E INJURY OCCURRED While At Not While	21F. HOW DID IN.	JURY OCCUR?	18				
22. 1 c	certify that (1) (this hospital) attend	WOR AT WOR		19 <u>72</u> ta	8-5-19-72				
that (1) (we) last saw the deceased alive	an 8-5	19_ <u>72and th</u>		n deoth occurred on the dote				
23A. SIG	gur and from the causes stated obor		ew the body after deoth.	23	B. DATE SIGNED				
000 000	Theffield?	137 - DEGREE Phys	Adling Med. Director	Staff Phys.	8-5-72				
N/	AME (Type) JAWED H. SI		3D. ADDRESS	Hors hili	1				
24A. BURIA	AL CREMATION, 248. DATE 24	C. NAME of CEMETERY OF CRE	A		town, as county) (State)				
25A, DATE	mal 8/3/12 1	ME OF REGISTRAR		nerimon	(M)				
	AUG7 1972	drey far horto	25G FUNERAL DIRECTOR	B. Days C.	88 DEImos				



This certificate must be approved by the chief medical examiner or his assistant if death or wired in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or continuting cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	50	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		HEALTH DEPARTMEN		72 07500		
BIP	TH NO. Hagarstone	1,75	OO CERTIFICA	TE OF DEATH	REG. NO			
1. N	IAME OF DECEASED pe or Pant) WEIL CUNNI		O LATE LIE	MARYLAND POMM	AND HOUR OF DEAT	1 9 20 2.		
3,	PLACE IN BALTIMORE, MARYLAND, WHERI			4. USUAL RESIDENCE I	Where deceased lived, If	institution: residence before admission)		
	LL NAME OF (IF NOT IN HOSPITAL O	R INSTIT	TUTION. GIVE STREET	MARYLAND		HINGTON 7		
HC.	HOSPITAL OR ADDRESS OR LOCATION)			C. CITY OR TOWN D. INSIDE CITY LIMITS?				
5	7-		CLEARSPRING, YES NO NO					
5	THE JOHNS HOPKIN	IS H	OSPITAL					
5. 5	SEX 6. RACE 7. A	ADDIED	NEVER MARRIED	Box 425	P. AGE (In yeors	if Under 1 Yr., if Under 24 Hrs.		
П	MAIE WHITE	DOWED		8-12-67	lost birthday) 4	Months Days Hours Min.		
10A	USUAL OCCUPATION (Give kind of work 108.	KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	fareign Country)	12. CITIZEN OF WHAT COUNTRY		
dan	e during mast of working life, even if refired) None	lone.	Hagerstown	Md.	USA			
13.	FATHER'S NAME		10182	14. MOTHER'S MAIDEN NAME				
	NEIL E. CUNNINGHAM	1		PATRICIA	RODEHEAVE	R		
5. 1	Was Deceased Ever in U. S. Armed Forces? s,na ar unknown) (If yes, give war at dates of		1 6. SOCIAL	17. INFORMANT		ADDRESS		
(163	No	service	None.	Mrs Patricia S	mundara RHI C	learspring, Md. Box 425		
	118. 1 3 9 9 1		CAUSE OF DEAT		during to 1411 C	APPROXIMATE INTERVAL		
	DISEASE OR CONDITION DIRECT	l.y			2	RETWEEN ONSET AND DEATH		
	LEADING TO DEATH		(ANIMMEDIATE CAL	HSDITATION	Preuncuea	24 hours		
	This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease,							
	njury or complication which caused death.) Septic Shock & severe brain dense 10 days.							
	AUTHORDERY CAUSES							
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:							
	rise to the above cause (A) stating the UNDERLYING CONDITION last.							
	Il Meninganyabotaka - SIP closure							
NO	OTHER SIGNIFICANT CONDITIONS CONTRIB		meningom	yewcore - s	17 cosuce			
AT	TO THE DEATH BUT NOT RELATED TO THE TEL DISEASE OR CONDITION GIVEN IN PART 1 (A	1).	*************************	/		***************************************		
ERTIFICATION	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFTING CAUSES OF DEATH?					
CERI	21A, ACCIDENT WAS UNDERLYING	BLACE OF INTERVAL	NO.					
_	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	han	ne, farm, lactory, street, a	n or obout 21 C. WHERE DI	D (It in Boilim	ora City, giva exact location)		
U			Mor Applica		Applica ore.			
MEDI	21D. TIME (Month) (Day) (Year) (Ha OF INJURY		INJURY OCCURRED III Not While		INJURY OCCUR?			
	(APPROX.)	Wo	rk At Work					
	22. I certify that (1) (this hospital) att	ended t	he deceased from	July 1	19 72 to Ja	alex 2 19/273		
	that (1) (we) last saw the deceased al	ve an	m-fiely 2	19 72 and	that in (my) (aur) of	pinion death occurred on the dat		
	and hour and from the causes stated a			lew the bady after dea	th.			
	23A. SIGNATURE	,				23B, DATE SIGNED		
	John Hayful.	Jr.	DEGREE Phys	nding Med.	Stoff Phys.	8/2/72		
	23C. PHYSICIAN'S NAME (Type)	(1510		23D. ADDRESS	HNS HOPKIN	S HOSPITAL		
24A	BURIAL CREMATION, 248, DATE	24C. N.	DEGREE AME OF CEMETERY OF CRI	EMATORY 240	. LOCATION I	City, town, or county) (State)		
	Burial 8/5/72	Ro	st Haven (emete		agerstaun-Was			
25A		NAME (25C. FUNERAL DIREC	0	ADDRESS		
	AUG7 1072	17	with the state		ineral (hapel	Hagerstown, Md.		
VS	150-REV. 1/1/68	- PCAP		1 decrateres	your Capec			

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